

Chapter 8

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Best Practices in Graduated Responses

This chapter presents the survey of nationally recognized best practices identified in Deliverable 1 of the Gap Analysis. The practices are discussed in the context of the continuum of care model for graduated responses, which is widely recognized as the best conceptual framework for building and maintaining a comprehensive service delivery system that meets the needs of all youth (and adults). The survey of national best practices includes an assessment of the broad range of “educational programming, mental health, and substance abuse services; family support services; informal supervision; shelter care; aftercare; care of detained and committed youth; and services to address gender-specific needs” identified in Deliverable 3 of the Gap Analysis. This chapter also presents the results of 16 focus groups consisting of service providers in the State’s five areas who were asked to identify services and gaps in the State’s continuum of care.



DELIVERABLE 1 (part 3 of 4)

Validation of the DJS Strategic Plan through the analysis of demographic longitudinal data and a **survey of national best practices**.

OVERVIEW OF THE CONTINUUM OF CARE AND SURVEY OF BEST PRACTICES

In recent years, juvenile justice professionals have reached a broad consensus that the most effective way to fight juvenile crime is to combine vigorous delinquency prevention programs with a comprehensive system of “graduated responses.” In the graduated responses model, the penalties for delinquency become progressively more severe and restrictive according to the severity and nature of the delinquency. In other words, the response is carefully designed to fit the crime.

While such an approach may seem like common sense, the reality is that many State and local juvenile justice systems still rely heavily on just two approaches for combating delinquency—secure confinement and probation. By contrast, the graduated responses model offers a comprehensive “continuum of care”—one that affords many options for intervening in the development of delinquent behavior that are tailored to individuals’ needs.

The graduated responses model typically includes four types of responses: immediate responses, intermediate responses, confinement (in a secure detention center, a nonsecure residential placement, or a secure commitment facility), and aftercare/reentry. The proper use of each of these responses is explained in this chapter.

Immediate Responses

Immediate responses are basically diversion mechanisms that hold youth accountable for their actions by discouraging behavior and in some cases securing services, but at the same time generally avoiding formal court processing. They are appropriate for most first-time misdemeanor offenders, many minor repeat offenders, and some nonviolent felons. The concept of diversion is based on the theory that processing certain youth through the juvenile justice system may do more harm than good (Lundman, 1993). The basis of the diversion argument is that courts may inadvertently stigmatize some youth for having committed relatively petty acts that might best be handled outside the formal system, and may increase some risk factors for delinquent behavior such as delinquent peer associations. Diversion is also designed to ameliorate the problem of overburdened juvenile courts and detention facilities so that they can focus on more serious offenders (Sheldon, 1999).

These types of responses generally adhere to restorative justice principles. The essence of restorative justice lies in the perspective that crime harms people, communities, and relationships. Consequently, if crime is about harm, then the justice process should emphasize repairing the harm (Bazemore et al., 2000). A restorative justice approach differs from the traditional juvenile justice system in the way it views and addresses crime. The traditional system focuses on the offender's culpability and need for responses and/or treatment. A restorative system takes a broader approach. Howard Zehr (1990) argues that three questions receive primary emphasis in a restorative system: What is the nature of the harm resulting from the crime? What needs to be done to repair the harm? Who is responsible for the repair? As a result, a restorative system places a greater emphasis on victims and views the offender as more than an object of punishment. Indeed, it holds the offender accountable for repairing the harm caused by the crime (Bazemore et al., 2000).

While restorative justice is not a "program" in and of itself, it does offer an ideal model for dealing with first time and minor repeat offenders by providing a mechanism that holds youth accountable, while bypassing formal court proceedings. Some of the most commonly used restorative justice practices include family group conferences, peer mediation/conflict resolution, restitution, teen courts, victim impact panels, and victim-offender mediation.

Family Group Conferences

Family group conferences (FGC) are facilitated discussions that allow those most affected by a particular crime—the victim, the offender, and the family and friends of both—to discuss the impact of the crime and decide how the offender should be held accountable (Umbreit, 2000). FGC originated in New Zealand as a way to address the failures of traditional juvenile justice. It incorporates indigenous Maori values that emphasize the roles of family and community in addressing wrongdoing (McGarrell, 2001). Australia subsequently adopted the concept and has implemented several FGC models. Today, FGC is used extensively as a formal juvenile response in New Zealand and Australia and to a lesser extent in the United States (Immarigeon, 1999)—for example, FGC has been adopted in communities in Indiana, Florida, Maine, Minnesota, Montana, New Mexico, Pennsylvania, Vermont, and Virginia (McGarrell et al., 2000).

Group conferencing follows principally from the theory of reintegrative shaming. It argues that people are generally deterred from committing crime by two informal forms of social control: fear of social disapproval and conscience (Braithwaite, 1989). Braithwaite argues that the consequences imposed by family members, friends, or other individuals important to an offender are more meaningful and therefore more effective than those imposed by the legal system. As a result, an offender's fear of being shamed by the people most intimate to him or her is the most significant deterrent to committing crime.

A typical conference begins when the victim, the offender, and each of their supporters are brought together with a trained facilitator to discuss the incident and the harm it has caused. The offender describes the incident and each participant describes the impact of the incident on his or her life. The purpose of this process is for the offender to face the human impact of his or her crime (Umbreit, 2000). The victim then is presented with the opportunity to express feelings, ask questions about the offense, and identify desired outcomes from the conference. All participants can contribute to the process of determining how the offender might best repair the harm. By the end of the conference, the participants must agree on how the youth can make amends to the victim and sign a reparation agreement. The agreement typically contains an apology, and it often includes a requirement that some type of restitution be made to the victim. Some agreements require youth to perform community service or call for other actions such as improving school attendance, completing homework, or performing chores at home or school (McGarrell, 2001).

Although the evidence to date is somewhat limited, available research tends to support the use of group conferences as an alternative to traditional juvenile justice practices. Three formal experiments of group conferences obtained promising results. In the United States, an evaluation of police-run conferences in Bethlehem, Pa., found high levels of victim satisfaction and some evidence of reduced reoffending for person offenses, but not property offenses (McCold and Wachtel, 1998). In Canberra, Australia, an evaluation of the Reintegrative Shaming Experiments (RISE) also reported high levels of victim satisfaction and showed positive changes in the attitudes of offenders (Strang et al., 1999), but the impact of group conferences on recidivism remains under investigation. Finally, the Indianapolis Restorative Justice Experiment found that group conferences produced high levels of satisfaction among participants and promising recidivism results. The evaluation found that youths participating in conferences were significantly less likely to have been rearrested 6 months after the initial incident. The rate of rearrest was 20 percent for conferenced youths compared with 34 percent for the control group. Of those youth who successfully completed the diversion program (conference or control group program), 12 percent of youth involved in conferences had been re-arrested, compared to 23 percent of youth in the control group (McGarrell et al., 2000). Similar findings were observed at 12 months for the total sample (McGarrell, 2001).

Peer Mediation/Conflict Resolution

Mediation involves using a person trained as a mediator to help two or more people resolve a conflict or disagreement through peaceful means. The mediator guides the disputing parties

through the reconciliation process, but is not solely responsible for resolving the conflict and enforcing an agreed upon solution. The disputants are responsible for devising a mutually agreeable plan and adhering to it. Mediators ask the disputing parties to tell their stories, raise questions for clarification, and identify ways to solve the conflict.

Peer mediation rose in popularity in the 1980s. In this type of mediation process, youth play key roles to mediate disputes among their peers. Peer mediation programs often operate in conjunction with conflict resolution curricula (Office of Juvenile Justice and Delinquency Prevention, 1998; Gottfredson, 1996). All approaches to peer mediation encourage youth to apply conflict resolution skills when they are in conflict. Some programs use trained peer mentors or helpers, while others rely on trained youth mediators to assist in developing alternative solutions to fighting and provide an alternative to traditional interventions by a school administrator (Gottfredson, 1996).

Trained students help their classmates identify the problems behind the conflicts and to find solutions, but do not determine who is right or wrong. Rather, students are encouraged to move beyond the immediate conflict and learn how to get along with one another. A key component of any mediation process is letting each youth tell his or her own story and have the experience of someone understanding their perspective. As W.A.V.E. mediator Nate Johnson says, “Just knowing someone understands really reduces the tension in mediation.”

Not every kind of problem is suitable for peer mediation. For example, assault or other criminal activities are usually not referred to a mediation program. But common situations such as name-calling, spreading rumors, intentionally bumping into students in the hallways, and bullying have been successfully resolved through peer mediation.

Peer mediation is beneficial not only for the disputants but also for the mediators and the broader social environment in which it occurs (schools). According to the School Mediation Center, there are multiple benefits for student mediators. These include developing leadership, enhancing language skills, improving academic achievement, increasing self-esteem, increasing positive status among peers, learning communication skills that are valuable in all relationships, learning a problem-solving technique that can be applied to many situations, and having a strong positive influence on other students. Moreover, peer mediation offers a number of benefits for the student body as a whole. First, students become active in the problem-solving process, which leads to a greater commitment to making solutions work. Second, they have positive models for solving conflicts. Third, they assume greater responsibility for solving their own problems. Fourth, they recognize that adult intervention is not always necessary. Fifth, they are encouraged to share their feelings and search for positive ways to meet their needs. Parents and students also have reported that conflicts at home are resolved more effectively. Society may benefit by teaching students positive ways to resolve conflicts, which can aid in the reduction of violence. Researchers hypothesize that youth who learn to resolve conflicts positively are likely to do the same as adults.

Restitution

The main goals of restitution and community service programs are to hold offenders personally accountable for their crimes and require that they make reparations to victims either directly or indirectly. Over the past 25 years, restitution and community service programs have expanded considerably. Much of this growth resulted from efforts sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and other Federal agencies. In 1977, OJJDP launched a major restitution initiative by funding 85 new restitution programs. This was followed in 1983 by the National Restitution Training Program and, in 1985, by the Restitution Education, Specialized Training, and Technical Assistance (RESTTA) Project. The RESTTA National Directory of Restitution and Community Service Programs estimated recently that there were 547 community service and restitution programs nationwide (Schneider and Finkelstein, 1998). There are three major types of restitution programs: community service, monetary restitution, and direct service to victims (Schneider and Finkelstein, 1998). Community service is work performed by an offender for the benefit of the community. It offers a way for the offender to be held accountable and to repair some of the harm caused by his or her criminal conduct. Monetary restitution is a process by which offenders are held partially or fully accountable for the financial losses suffered by the victims of their crimes. Restitution is typically ordered to compensate victims in cases of property crime, fraud, forgery, or theft. It may also be applied to reimburse victims of violent crime for expenses related to recovering their physical and mental health, and to make up for loss of support for survivors of homicide victims (Schneider and Finkelstein, 1998). Direct service to victims is the rarest form of restitution. It is a type of reconciliation in which the offender and the victim meet in a carefully supervised setting to determine how the offender can make restitution directly to the victim by performing a service. These services usually include repairing property damaged by the offender or other services such as lawn mowing or snow removal. This type of personalized restitution incorporates the benefit of the victim being able to meet the offender, which often alleviates the fear associated with the criminal encounter (much like victim-offender mediation programs discussed later in this chapter).

In general, research suggests that restitution programs can lower recidivism. For example, a study of 6,336 formal juvenile probation cases in Utah found that juveniles agreeing to pay restitution as an informal disposition, as well as those formally ordered to pay restitution, returned to court significantly less often than juveniles who did not pay restitution (Butts and Snyder, 1992). In addition, Schneider and Schneider (1984) found that participants who completed their restitution requirements were significantly less likely to recidivate than participants who did not complete the requirements.

Schneider and Finkelstein (1998) found that one of the most important issues pertaining to the success of restitution and community service programs is the extent to which the program is considered a “formal” response. In general, a program is considered formal if it has a name, at least one full-time staff person solely responsible for enforcing restitution orders, and a written set of policies and procedures. Schneider and Finkelstein found a large difference in effectiveness between formal and informal restitution responses. Further, the national evaluation of the Juvenile Restitution Initiative showed that formal restitution

programs resulted in much higher completion rates and much lower recidivism than informal ones (Schneider and Schneider, 1984).

Research also indicates that several obstacles directly influence the ability to implement and manage a successful restitution program (Seymour, 1999). These obstacles include the belief among some justice professionals that all offenders are indigent and cannot afford to pay restitution; the fact that restitution orders often are not first in the priority of court-ordered payments and follow behind court costs, fines, salaries, costs of incarceration, and other financial obligations; the lack of interagency agreements stipulating who is responsible for monitoring, enforcing, collecting, and disbursing restitution; and cynicism of some crime victims and service providers about efforts to collect restitution.

Teen Courts

Teen (or youth or peer) courts are much like traditional courts in that there are prosecutors and defense attorneys, offenders and victims, and judges and juries, but young people rather than adults fill these roles and, most important, determine the disposition. At the most basic level, teen courts are programs in which young people who engage in delinquent or problem behavior are held accountable for their offenses by peers through a wide array of sentencing options (Godwin, 2000). Responses are imposed that will repair some of the harm imposed on the victim and the community.

Teen courts are rapidly spreading across the country. A recent survey estimates that there are at least 675 teen courts operating in the United States, most of them small and relatively new (Butts and Buck, 2000). Teen courts are generally used for younger juveniles (ages 10 to 15), who were charged with less serious offenses (e.g., shoplifting, vandalism, and disorderly conduct) and have no prior arrest records. Typically, young offenders are offered teen court as a voluntary alternative to the traditional juvenile justice system (Butts and Buck, 2000).

The basic theory behind the use of young people in court is that youth will respond better to prosocial peers than to adult authority figures. This peer justice approach assumes that, similar to the way in which an association with delinquent peers is highly correlated with the onset of delinquent behavior (Loeber and Dishion, 1987), peer pressure from prosocial peers may push youth toward prosocial behavior (Butts, Buck, and Coggeshall, 2002).

In general, teen courts follow one of four models: the adult judge, the youth judge, the youth tribunal, and peer jury (Godwin, 1998). The adult judge model is most popular, representing about half of all teen courts. Youth volunteers serve in the roles of defense attorneys, prosecuting attorneys, and jurors; an adult volunteer serves as the judge. The youth judge model is similar, but youth serve as the judge. The youth tribunal model differs from the other models in that there are no youth jurors. The case is presented by the youth attorneys to a youth judge or judges. The peer jury model does not use youth as defense or prosecuting attorneys, but, instead, operates much like a grand jury. The facts of the case are introduced by a case presenter, and a panel of youth jurors interrogates the defendant directly.

Regardless of the model used, the primary function of most teen courts is to determine a fair and appropriate disposition for a youth who has already admitted to the charge (Butts, Buck, and Coggeshall, 2002). Participating youth are subject to a wide variety of creative and innovative dispositions that the court may order. Guiding principles are that dispositions should address needs of the victim/community, be based on restorative justice principles, and promote positive youth development (Godwin, 2000). Typical dispositions include paying restitution, performing community service, writing formal apologies, or serving on a subsequent teen court jury. Teen courts may also order offenders to attend classes designed to improve their decision making skills, enhance victim awareness, or deter them from future theft (Butts and Buck, 2000).

Recently, Butts, Buck, and Coggeshall (2002) completed the most comprehensive evaluation of teen courts by examining teen courts in four sites (Alaska, Arizona, Maryland, and Missouri). The research used a quasi-experimental design to measure differences in recidivism between youth participating in teen court and those involved in the traditional juvenile justice system. The evaluation suggests that teen courts are a promising alternative for the juvenile justice system. All four teen court sites reported relatively low recidivism rates. In two sites (Alaska and Missouri), participants were significantly less likely to be re-referred to the juvenile justice system for a new offense within 6 months of the original offense. In the other two sites (Arizona and Maryland), the difference was statistically insignificant. These findings indicate that teen courts may be preferable to the traditional juvenile justice system in some jurisdictions.

Some evidence also suggests that teen courts may provide other benefits for offending youth. For instance, participation in teen courts may provide a general satisfaction with the experience (McLeod, 1999; Swink, 1998; Wells, Minor, and Fox, 1998), improved attitudes toward authority (LoGalbo, 1998; Wells, Minor, and Fox, 1998), and greater knowledge of the legal system (LoGalbo, 1998; Wells, Minor, and Fox, 1998).

Victim Impact Panels

Victim impact panels are forums for crime victims to explain the real-world impact of crime to offenders. Unlike group conferences, victim impact panels do not involve direct personal contact between the offender and his or her victim. Instead, they generally use surrogate victims, or family and friends of victims of similar experiences. The purpose of the panel is to help offenders individualize and humanize the consequences of their crimes on victims and the community (Immarigeon, 1999).

Today, there is a small but growing trend in the use of victim impact panels as a sentencing option for a variety of offenses such as property crimes, physical assault, domestic violence, child abuse, and elder abuse. Panels have been used in prison and jail settings, with parolees, and in treatment programs, defensive driving schools, and youth education programs. Offender participation in these panels is generally court ordered. Panels typically involve three or four victim speakers, each of whom spends about 15 minutes communicating his or her story in a nonjudgmental manner. Victim service organizations generally either implement the program for the court or work in collaboration with justice personnel. They

provide services such as screening potential panel members, moderating the panels, and record keeping.

Research on victim impact panels is relatively limited and contradictory, but promising. Fors and Rojeck (1999) compared the rearrest rates of 834 DUI offenders who attended a victim impact panel as part of their sentence to those who did not. The authors found that rearrest rates were lower for individuals who participated in the victim impact panels. Moreover, the authors argue that the panels can be a cost effective way of reducing the probability of arrest in DUI offenders. By contrast, Polacsek and others (2001) conducted a randomized field experiment with 813 DWI offenders in New Mexico and measured their progress through the stages of pretest, posttest, 1-year follow-up and 2-year follow-up. The participants were randomly assigned to a DWI school or a DWI school plus a MADD victim impact panel. The authors found no difference in recidivism between the groups. Research on victim impact panels also suggest that they are promising in terms of victim satisfaction. One evaluation of victim panelists speaking to convicted drunk drivers collected information from 1,784 individuals who either participated in a victim impact panel or did not. The study found that panelists scored similar to nonvictims on measures of self-esteem, locus of control, hostility, and well-being. Moreover, the panelists were less angry at the offender compared with nonpanelists. These results suggest that panelists benefit from participation (Mercer et al., 1994).

Victim–Offender Mediation

Victim–offender mediation provides victims with the opportunity to meet their offenders in a safe and structured setting for dialogue, negotiation, and problem solving (Umbreit and Greenwood, 2000). There are two goals. The first is to hold the offenders directly accountable for their behavior, allow them to learn the full impact of their actions, and devise plans for making amends to the person or persons they violated. The second goal is to foster a sense of empowerment for the victim. Overall, this process is designed to develop empathy in the offender (which can help prevent future criminal behavior) and address the emotional and informational needs of the victim.

Mediation programs have been used for more than 20 years in various conflict situations. Today there are more than 300 victim–offender mediation programs throughout the United States and more than 700 in Europe (Umbreit et al., 2000). Although these programs vary substantially, all share one unique feature: the purpose is not to determine guilt (generally, guilt has already been determined in another forum), but rather to teach the offender to accept responsibility and repair harm.

The mediation session(s) involves a dialogue between the victim and the offender, facilitated by a professional mediator. The dialogue is designed to actively involve the victim and the offender in repairing (to the degree possible) the emotional and material harm caused by the crime. It enables both victims and offenders to discuss offenses and express their feelings, and allows victims to obtain answers to their questions. The dialogue also presents an opportunity for victims and offenders to develop mutually acceptable restitution plans that address the harm caused by the crime. More than 95 percent of victim–offender mediation

sessions result in a signed restitution agreement (Umbreit and Greenwood, 2000). However, research has consistently found that the restitution agreement is less important to crime victims than the opportunity to express their feelings about the offense directly to the offenders (Umbreit and Greenwood, 2000).

A considerable amount of research demonstrates that the victim–offender mediation process produces several positive effects for both victims and offenders. In general, victims who meet their offenders tend to be more satisfied with the process than victims whose cases are handled in the formal justice system (Umbreit, 1994a and 1994b), and are less fearful of being revictimized (Umbreit and Roberts, 1996; Umbreit and Coates, 1993; and Umbreit, 1994a and 1994b). Similarly, offenders who meet their victims through mediation are far more likely to be held directly accountable for their behavior (Umbreit, 1994a and 1994b; Marshall and Merry, 1990), successfully complete their restitution obligations (Umbreit and Coates, 1992), subsequently commit fewer and less serious crimes (Pate 1990; Nugent and Paddock, 1995; Schneider, 1986; and Umbreit, 1994a and 1994b), and are satisfied with both the process and outcome of victim–offender mediation (Coates and Gehm, 1989; Marshall, 1990; Umbreit and Coates, 1993).

Intermediate Responses (Detention Alternatives)

Intermediate responses are programs that hold youth accountable for their actions through more restrictive and intensive interventions, without resorting to confinement. Intermediate responses are appropriate for juveniles who continue to offend after immediate interventions, youth who have committed more serious felony offenses, and some violent offenders who need supervision, structure, and monitoring but not necessarily institutionalization.

The use of intermediate responses rose from a skepticism regarding the wisdom and cost associated with providing residential treatment to a subgroup of offenders who seemed to pose no real threat to the community. In fact, studies have shown that juvenile facilities are housing significant numbers of youth who are not a significant threat to community safety and who could be managed as effectively in less restrictive and less costly programs and settings (Boersema, 1998; Jones and Krisberg, 1994). Moreover, a concentration on social control has several negative consequences. First, it is exceedingly expensive (Dunlap and Roush, 1995). Second, it places more juveniles in institutions that are already dangerously overcrowded. Finally, out-of-home placement does little to correct the delinquent behavior. Generally, out-of-home placement fails to address the known determinants of serious antisocial behavior and fails to alter the ecology of the home (Henggeler, 1998). Moreover, research demonstrates that any gains made by juvenile offenders in correctional facilities quickly evaporate following release because youth often return to disorganized communities where it is easy for them to slip back into the old habits that resulted in arrest in the first place (Deschenes and Greenwood, 1998). In fact, large percentages of serious juvenile offenders continue to commit crimes and reappear in the juvenile justice system (Krisberg, 1997).

Because of the consequences of overusing secure facilities, many jurisdictions are pursuing alternative options to residential facilities for serious offenders (Roush and McMillen, 2000).

The use of effective alternatives assures that youth who do not require secure care can be supervised in less costly programs, thus reserving secure care space for the most serious offenders (DeMuro, 1997; Guarino–Ghezzi and Loughran, 1996). This approach requires that juvenile justice systems examine closely the allocation of resources to effectively manage public safety and meet the needs of the greatest number of juveniles. Common intermediate responses used as alternatives to detention include the following: alternative schools, day treatment facilities, juvenile drug courts, gun courts, home confinement, intensive supervision/probation, school-based probation, therapeutic treatment approaches, and short-term shelter care.

Alternative Schools

Alternative schools are specialized educational environments that place a great deal of emphasis on small classrooms, high teacher-to-student ratios, individualized instruction, noncompetitive performance assessments, and less structured classrooms (Raywid, 1983). These schools provide academic instruction to students who have been expelled or suspended for disruptive behavior or weapons possession, or who are unable to succeed in the mainstream school environment (Ingersoll and Leboeuf, 1997).

Alternative schools originated to help inner city youth stay in school and obtain an education (Coffee and Pestrige, 2001). In theory, students assigned to alternative schools feel more comfortable in this environment and are more motivated to attend school. Students attending these schools are believed to have higher self-esteem, more positive attitudes toward school, improved school attendance, higher academic performance, and decreased delinquent behavior (Cox, 1999; Cox, Davison, and Bynum, 1995). As a result, many alternative schools are being used to target delinquent youth (Gottfredson, 1987; Arnove and Strout, 1980). These schools serve the dual purpose of 1) reinforcing the message that students are accountable for their crimes and 2) removing disruptive students from the mainstream. In general, alternative schools assess academic and social abilities and skills, assign offenders to programs that allow them to succeed while challenging them to reach higher goals, and provide assistance through small group and individualized instruction and counseling sessions (Ingersoll and Leboeuf, 1997). In addition, students and their families may be assessed to determine whether social services such as health care, parenting classes, and other program services are indicated.

While there is a great degree of variation among alternative schools, research demonstrates that successful schools typically have the following elements:

- Strong leadership
- Lower student-to-staff ratio
- Carefully selected personnel
- Early identification of student risk factors and problem behaviors
- Intensive counseling/mentoring
- Prosocial skills training
- Strict behavior requirements
- Curriculum based on real-life learning

- Emphasis on parental involvement
- Districtwide support of the programs (Coffee and Pestridge, 2001)

Evaluations of early alternative schools generally found that these programs did not produce positive results (Raywid, 1983). However, the ineffectiveness of these programs was attributable to weak program implementation (Cox, 1999). For instance, many early programs were designed as a form of punishment with little regard for program intervention and used a selection process devoid of specific criteria. Consequently, all types of delinquent offenders, whether appropriate or not, were being sequestered in alternative schools with no resources for improvement. Reviews (Cox, 1999; Cox, Davison and Bynum, 1995; Duke and Muzio, 1978; Hawkins and Wall, 1980) of the early evaluations found that these studies were wrought with methodological problems including 1) a lack of a control or a comparison group, 2) failure to randomize when sampling from the student population, 3) a tendency to eliminate data on program dropouts, and 4) a lack of follow-up data on students.

More recent evaluations (Kemple and Snipes, 2000; Cox, 1999; Cox, Davison, and Bynum, 1995) suggest that alternative schools have some positive effects. A meta-analysis of 57 alternative school programs found that alternative schools have a positive effect on school performance, attitudes toward school, and self-esteem but no effect on delinquency (Cox, Davison, and Bynum, 1995). The study also found that alternative schools that targeted at-risk youth produced larger effects than other programs and that the more successful programs tend to have a curriculum and structure centered on the needs of the designated population. These effects, however, may be short term. Using an experimental design with a 1-year follow-up of a single alternative school, Cox (1999) found that these positive effects were not observed 1 year later. Consequently, the type of follow-up support given to students in alternative schools may be important in achieving long-term program goals. Finally, a 5-year evaluation of the career academy concept (the OJJDP alternative school model) covering 9 schools and 1,900 students found that, compared with their counterparts who did not attend, at-risk students enrolled in career academies 1) were one-third less likely to drop out of school, 2) were more likely to attend school, complete academic and vocational courses, and apply to college, and 3) received more opportunities to set goals and reach academic and professional objectives (Kemple and Snipes, 2000).

Day Treatment Facilities

Day treatment facilities (or day reporting centers) are highly structured, community-based, postadjudication, nonresidential programs for serious juvenile offenders. The goals of day treatment are to provide intensive supervision that ensures community safety, and deliver a wide range of services to the offender that will prevent future delinquent behavior. Juvenile offenders are required to report to the facility on a daily basis at specified times for a specified length of time. Generally, programs are provided at the facility during the day and/or evening at least 5 days a week. Special weekend activities may also be conducted.

The services provided by day treatment programs include a plethora of correctional treatment methods similar to those used in halfway houses, but day treatment facilities allow program participants to return home at night and therefore do not have the costs associated with

residential facilities. Treatment services in day treatment facilities may include individual and group counseling, recreation, education, vocational training, employment counseling, education, life skills and cognitive skills training, substance abuse treatment, and community resource referrals.

Day treatment facilities originated in Great Britain in the 1970s and are currently being widely implemented in the United States. A 1990 study by the National Institute of Justice found only 13 facilities in the United States. By 1995 there were at least 114 in 22 States (Parent et al., 1995). A descriptive analysis reveals that these facilities are quite diverse with respect to the type of cases, administration, operation, caseload, and program content (Parent, 1990).

Despite the rapid spread of day treatment programs, to date there are no major impact evaluations examining the effectiveness of the day treatment programs. However, several exploratory studies (Williams and Turnage, 2001; Craddock and Graham, 1996; Howell, 1998) suggest that day treatment is an effective intervention. For instance, a preliminary study of the Bethesda Day Treatment Center in Pennsylvania reported by Howell (1998) determined that program participants had a recidivism rate of only 5 percent in the 1st year after discharge. This figure compares favorably with a baseline recidivism rate for untreated serious juvenile offenders estimated to be approximately 50 percent (Lipsey, 2000). This finding, while impressive, must be viewed with extreme caution because of the small sample size (n=20), and the fact that the study did not incorporate a control group. Nevertheless, the data suggests that day treatment may be a promising option for delinquent youth.

Juvenile Drug Courts

Juvenile drug courts (JDCs) are intensive treatment programs established within and supervised by juvenile courts to provide specialized services for eligible drug-involved youth and their families. Cases are assigned to a juvenile drug court docket based on criteria set by local officials to carry out the goals of the drug court program (Cooper, 2001).

Drug courts emerged in the mid-1980s in response to the rising level of drug-related crime and the strain it placed on the court system. In response to the problem of growing caseloads, courts employed delay reduction strategies, including specialized court dockets to expedite drug case processing. However, these strategies did not address the complex issues underlying substance abuse and did little to stem the tide of drug offenders flowing into the system, habilitate drug offenders already in the system, or reduce recidivism among released offenders. The result was a “revolving door” syndrome that cycled drug offenders in and out of the justice system (Bureau of Justice Assistance, 2003).

Frustration with this syndrome propelled the field into a philosophical shift toward therapeutic jurisprudence. The premise of therapeutic jurisprudence is that the law is a therapeutic agent and its goal is to produce a positive therapeutic outcome. This new goal of the justice system coincided with the goals of treatment professionals and spawned a partnership where courts began working closely with a wide range of stakeholders within a problem-solving framework.

With the rapid rise and general acceptance of drug courts on the adult side, the application of drug court principles to juveniles was the next logical step. The first JDC began operations in Key West, Fla., in October 1993 (American University, 2001). As of December 2000, there were 131 JDCs in 46 States and the District of Columbia (American University, 2001). However, the circumstances and needs of youth and their families are different from those of adult criminal offenders. Thus, applying drug court principles to juvenile populations is not as simple as replicating the adult model. In fact, a JDC looks very different from adult drug courts (BJA, 2003).

Specifically, a juvenile drug court is a docket within a juvenile court to which selected delinquency offenders (and status offenders in some instances) are referred for handling by a designated judge. The youth referred to this docket are identified as having problems with alcohol and/or other drugs. The JDC judge maintains close oversight of each case through frequent (often weekly) status hearings with the parties involved. The judge both leads and works as a member of a team that includes representatives from treatment, juvenile justice, social services, school and vocational training programs, law enforcement, probation, the prosecution, and the defense. Together, the team determines how best to address the substance abuse and related problems of the youth and his or her family (BJA, 2003).

In one of the most comprehensive reviews to date of the impact of drug courts, Belenko (2001) reviewed 37 published and unpublished evaluations of drug courts (including seven JDCs). Overall, this research found that drug courts have gained considerable local support and have provided intensive, long-term treatment services to offenders with long histories of drug use and criminal justice contacts, previous treatment failures, and high rates of health and social problems. In addition, drug use and criminal activity are relatively reduced while participants are in the program. The conclusions, however, are less clear with regard to the long-term postprogram effects of drug courts on recidivism and other outcomes. Only four of the six studies that examined 1-year postprogram recidivism found a reduction, but the size of the reduction varied across courts.

The seven JDC evaluation reports included in the review were: Los Angeles County (Calif.), Orange County (Fla.), Campbell County (Ky.), Missoula (Mont.), Second Judicial District (Albuquerque) (N.M.), Summit County (Ohio), and Beckham County (Okla.). While the reports give limited data on the recidivism of participants, the findings are encouraging. For instance, the evaluation of the Summit County (Ohio) juvenile drug court included the random assignment of eligible youth to the drug court or standard adjudication. The number of cases with available rearrest data was small (27 youth in the experimental group and 13 youth in the control group) and the postadmission follow-up period was only 6 months, so the findings should be considered preliminary. Nevertheless, the drug court group averaged one rearrest and the control group averaged 2.3. In addition, only 11 percent of the experimental group had three or more new charges, compared with 46 percent of the controls. In Orange County, only 10 percent of the participants were rearrested during program participation; 15 percent of the clients were rearrested during postprogram follow-up. In Los Angeles County, 26 percent of participants had a rearrest, but 16 percent were rearrested during program participation. These two latter studies did not use control groups.

A separate study (Delaware Statistical Analysis Center, 1999) examined two JDC sites in Delaware. Each of these programs targets juveniles with misdemeanor drug possession offenses. The report compares recidivism rates of participants in the JDC and a group of juveniles with equivalent criminal histories. The study found that recidivism rates for successful JDC participants were significantly better than for either the unsuccessful participants or the control group.

Gun Courts

Gun courts intervene with youth who have committed gun offenses that have not resulted in serious physical injury. Most juvenile gun courts are short-term programs that augment rather than replace normal juvenile court proceedings. This basic model for juvenile gun courts includes the following elements: 1) early intervention—in many jurisdictions, before resolution of the court proceedings; 2) short-term services (often a single 2- to 4-hour session), intensive programming; 3) an intensive educational focus to show youth the harm that can come from unlawful gun use and the immediate response that will result when youth are involved with guns; and 4) collaboration of a wide range of court personnel and law enforcement officials working together with community members (Sheppard and Kelly, 2002).

While only a few juvenile gun court programs have been developed to date, interest is growing. The use of gun courts for juveniles is particularly relevant because the impact of gun violence is especially pronounced among juveniles and adolescents. The firearm homicide rate for children under 15 years old is 16 times as high in the United States as in 25 other industrialized countries combined (Sheppard, 1999).

One of the more celebrated gun courts is the Jefferson County Juvenile Gun Court in Birmingham, Ala. This court is an example of a more intensive and comprehensive approach. Only first-time gun offenders are eligible for the gun court; youth with multiple gun charges or with violent or other serious offenses are transferred to adult court or the Division of Youth Services (DYS). Core components of the Jefferson County program include a 28-day boot camp, a parent education program, a substance abuse program, intensive followup supervision, and community service. Birmingham's gun court is part of the family court, which administers 24 programs that provide "wraparound" services to offenders and their families; most services are offered onsite (OJJDP, 1996). This centralization and the comprehensive services are considered key to the gun court's success.

The University of Alabama at Birmingham's Center for Law and Civic Education received OJJDP funding to analyze program outcomes during the first 4 years of the court's development. Evaluators compared case processing records and recidivism rates for three groups of juvenile gun offenders: 1) an intensive supervision group of Birmingham youth with limited prior offenses who participated in the gun court's core intervention components, including intensive aftercare monitoring; 2) a nonintensive supervision group of Birmingham youth with prior offenses who received only short commitments to the DHS detention center and who did not participate in the aftercare monitoring program; and 3) a comparison group

of youth who did not participate in the aftercare monitoring program. The evaluation found that the intensive supervision group had significantly lower levels of recidivism (17 percent) than the nonintensive supervision group (37 percent) and the comparison group (40 percent). Having a prior gun offense (common to youth in the nonintensive and comparison groups) increased the odds of recidivism. Evaluators also analyzed trends in juvenile gun charges and overall violent crime rates since the gun court was implemented. Between 1995 and 1999, formal juvenile gun charges decreased by 54 percent in Birmingham. Violent crime rates in Birmingham decreased by 57 percent between 1995 and 1999, following steady increases during the preceding 5 years (Sheppard and Kelly, 2002).

Home Confinement

Home confinement or house arrest—with and without electronic monitoring (EM)—is an intermediate community corrections program designed to restrict the activities of offenders in the community. This response allows offenders to remain in their homes, go to work, run errands, attend school, and maintain other responsibilities. However, their activities are closely monitored (either electronically and/or by frequent staff contacts) to ensure that they are complying with the conditions set by the court. Offenders placed under home confinement are restricted to their residence for varying lengths of time and are required to maintain a strict schedule of daily activities. There are generally two types of home confinement programs: pretrial and postadjudication. Pretrial programs use home confinement as an alternative to detention to ensure that individuals appear in court. Postadjudication programs use home confinement as a response that is more severe than regular supervision but less restrictive than incarceration (U.S. Probation and Pretrial Services, 2000). This section is primarily interested in postadjudication home confinement programs.

Home confinement originated as a program to deal specifically as a sentencing alternative for drunk drivers but quickly expanded to a variety of additional offender populations in many jurisdictions (Lilly et al., 1993; Baumer, Maxfield, and Mendelsohn 1993; Baumer and Mendelsohn, 1991; Austin and Hardyman, 1991). The number of programs increased from 95 in 1986 (Renzema, 1992) to more than 1,500 by 1998 (National Law Enforcement and Corrections Technology Center, 1999). However, home confinement programs still generally exclude serious and violent offenders from participation.

Given the diverse types of offenders, home confinement programs incorporate different levels of restriction, ranging from simple curfews to complete lockdowns. For example, the home confinement program of the Federal courts offers three distinct levels of restriction (U.S. Probation and Pretrial Services, 2000). The first level (curfew) requires the program participants to remain at home every day at certain times. The second level (home detention) requires participants to remain at home at all times except for pre-approved and scheduled absences (e.g., for work, school, treatment, church, attorney appointments, court appearances, and other court-ordered obligations). The most restrictive level, home incarceration, calls for 24-hour-a-day “lock down” at home, except for medical appointments, court appearances, and other activities specifically approved by the court.

Many home confinement programs are implemented in conjunction with electronic monitoring (EM), which encompasses a wide range of systems and components, including home monitoring devices, wrist bracelets, ankle bracelets, field monitoring devices, alcohol and drug testing devices, voice verification systems, and global positioning systems (National Law Enforcement and Corrections Technology Center, 1999). Generally, offenders in an EM program wear a wrist or ankle bracelet that emits a unique signal to a home monitoring device (HMD) in the offender's home. The HMD communicates with the central computer in a monitoring center through the offender's telephone line, and is monitored 24 hours a day by a monitoring specialist. Some jurisdictions also require offenders to be employed, attend outside counseling, or participate in educational activities.

EM systems can be either "passive" or "active." A passive system generally requires offenders to answer a telephone and speak to a case officer or insert the transmitter into the HMD to verify their presence at a location. An active system, by contrast, emits a continuous signal from the transmitter to the HMD. If the offender moves out of range, the HMD alerts the central monitoring center. The central monitoring center also may be alerted if a signal indicates a deviation from the preapproved schedule or a violation of a predetermined set of regulations. A violation requires an immediate response from the appropriate agency. Participants who do not comply with the conditions of their supervision face responses ranging from a reprimand to violations for new offenses.

Close supervision by officers is crucial to the success of home confinement programs (U.S. Probation and Pretrial Services, 2000). Specialists monitor program participants to ensure that they are working, maintaining a stable living arrangement, and not engaging in prohibited behavior such as substance abuse. They also may check monitoring equipment monthly (at least) to make sure that it is functioning properly and confirm that there are no signs of tampering.

Several studies have examined the impact of home confinement or EM on recidivism. Most of the early research suffered from poor research designs, a lack of program integrity, and an exclusive use of low-risk adult offenders (Sherman et al., 1998). These studies indicated that home confinement programs produce a low rearrest rate of about 5 percent (Petersilia, 1987). More recently, several studies examining both pretrial (Baumer and Mendelsohn, 1991) and postadjudication programs (Bonta, Wallace-Capretta, and Rooney, 2000; Austin and Hardyman, 1991) found low recidivism rates using experimental designs but no significant difference in recidivism between offenders under EM and under close manual supervision.

Similar experimental results have been found for juveniles placed under electronic monitoring or traditional home confinement as alternatives to secure detention. In a randomized experiment involving more than 300 juveniles, Wiebush (1992) found that both regular home detention cases and electronically monitored home detention cases had very low rates of recidivism (4 percent and 3 percent, respectively) while in the program. That is, both EM and traditional home detention served equally well as alternatives to detention. This same study examined the efficacy of EM as an enhancement to a postdispositional intensive supervision/probation (ISP) program, using a separate randomly assigned sample of 288 youths. Half of these youth received "regular" intensive supervision, and the other half were

placed on EM as part of their intensive supervision. There were no differences between the groups in reoffending rates after 6 months of follow-up, indicating that EM did not enhance the effectiveness of the ISP program.

In summary, home confinement and EM programs appear to consistently result in low recidivism rates for both adults and juveniles when used as a pretrial intervention or postadjudication sentence. The available evidence also indicates that EM—while perhaps politically popular—is neither clearly more nor clearly less effective than very close supervision by agency staff. However, both home confinement and EM offer two distinct advantages over incarceration. First, for adults, it reduces the public tax burden by allowing the offender to work; juveniles are required to continue their schooling uninterrupted. Second, it reduces the human and financial costs associated with incarceration. For example, one estimate places the cost of EM at between \$5 and \$25 per day, compared with \$50 per day average cost of incarceration (National Law Enforcement and Corrections Technology Center, 1999). Thus, home confinement and EM are viable alternatives in a graduated system not only because they minimize recidivism, but also because they are more cost effective.

Intensive Supervision/Probation

Traditional probation is a disposition in which youth are placed on informal/voluntary or formal/court-ordered supervision. Intensive supervision/probation (ISP) programs, on the other hand, are community-based, postadjudication, nonresidential dispositions designed to provide restraint on offenders in the community. ISP programs differ from traditional probation in that they feature high levels of contact with a probation officer or caseworker, small caseloads, and strict conditions of compliance. ISP programs generally encompass a wide variety of risk control strategies, including multiple weekly face-to-face contacts, evening visits, urine testing, and EM. Most ISP programs also incorporate the delivery of a wide range of services to address offenders' needs.

Juvenile probation is known as the cornerstone of the juvenile justice system because juvenile probation officers have contact with virtually every case that enters the system with responsibilities ranging from case screening to case supervision (Kurlychek, Torbet and Bozynski, 1999). Juvenile probation evolved as a logical extension of the English common law practice of the conditional suspension of punishment (Roush, 1996). The first step beyond the common law practice was taken in Boston, Mass., in 1841 when John Augustus requested that the court allow him to post bail for a man charged with being a common drunkard. The court agreed, and Augustus was ordered to return with the defendant in 3 weeks, at which time he was to show convincing signs of reform. At sentencing, instead of the usual imprisonment, the judge imposed a fine of 1 cent and ordered the “reformed” defendant to pay costs. This revolutionary concept was gradually extended to include women and children.

Although juvenile probation is the cornerstone of the system, it also serves as a catch all for the juvenile court. Probation supervision is the overwhelming dispositional choice of juvenile court judges (Torbet, 1996). Nationwide, probation was ordered in 58 percent of the more than 1 million cases that received a juvenile court response in 1999. The frequency of use,

however, is generally attributed to the limitless nature of probation services (probation departments cannot limit intake) and its inexpensive cost—relative to other response options—rather than its performance. Traditional probation is often accused of only giving offenders a “slap on the wrist,” rather than holding them accountable. Critics portray juvenile courts as “revolving doors,” with youth often rearrested for new crimes while still under court-ordered supervision (Kurlychek, Torbet, and Bozynski, 1999). Moreover, evaluations of regular probation supervision have not been very encouraging.

Juvenile probation officers’ heavy caseloads are a basic problem associated with probation that contributes to the perception of leniency toward offenders. Heavy caseloads prohibit juvenile probation officers from providing anything more than superficial instructions and infrequent contacts. Peter Greenwood (1996) concluded that “an overworked probation officer who sees a client only once a month has little ability either to monitor the client’s behavior or to exert much of an influence over his life.” Lipsey (1992) found that for youth with multiple risk factors (e.g., several prior arrests, arrests at an early age, drug or gang involvement, parental problems), “probation as usual” was not an effective option.

This fundamental shortcoming of traditional probation fueled the ISP concept. The core premise of an ISP program is to provide a high level of control over an offender for public safety, but without the additional costs associated with incarceration. This attractive premise led to a dramatic proliferation of ISPs in the 1980s, and by 1990 virtually every State had developed some type of ISP (Krisberg et al., 1994). Initial research examining the influence of ISPs suggested that they led to a significant decrease in reincarceration (Erwin, 1986) and rearrests (Pearson, 1987) among adult offenders. However, critical reviews of the research demonstrated that the data did not support the conclusions unequivocally (Sherman, et al., 1997).

Today, the literature on juvenile ISP programs is mixed and, therefore, inconclusive. Some research shows that ISP programs are at least as effective as incarceration in reducing recidivism (Wiebush, 1993; Krisberg, Austin, and Steele, 1989; Barton and Butts, 1990). For example, Wiebush (1993) used a quasi-experimental design to compare the outcomes of ISP participants with 1) youths who were incarcerated and then released to parole and 2) a group of felony offenders sentenced to regular probation. The study found that ISP youth had recidivism outcomes that were no worse than the other two groups. Similarly, Barton and Butts (1990) conducted a random assignment field experiment of 500 youths in Detroit, Mich. The study concluded that the ISP programs were as effective as commitment. The ISP programs also yielded a significant savings in the cost of juvenile corrections—about one-third of the cost of commitment.

Other evidence suggests that ISP programs are ineffective. Land, McCall, and Williams (1990) used a random assignment design to examine the North Carolina Intensive Protective Supervision Project. The majority of program participants were status offenders (i.e., runaways or truants). The program was designed to enhance both the degree of supervision and the provision of services. The authors found that youth with no prior delinquent offenses had fewer delinquent offenses compared to the control group, but youth with prior delinquent offenses had more delinquent offenses.

Finally, although research has not established a significant relationship between intensive supervision and recidivism, there is some evidence that ISP programs with treatment components may produce a significant reduction in rearrests. Research on adult ISPs (Petersilia and Turner, 1993; Jolin and Stipack, 1991; Latessa, 1993; Byrne and Kelly, 1989) has found that rearrests decrease when treatment services are combined with increased supervision. However, it is not clear whether the treatment, the supervision, or a combination of the two produced the positive outcomes.

School-Based Probation

School-based probation is a partnership between juvenile probation departments and local schools that places probation officers within the confines of the school, thereby increasing the contact between the officers and youth. School-based probation targets students who have been charged with delinquent offenses and/or are under court supervision. Under a traditional probation model, an officer may contact the youth only once or twice a month. But with the probation offices located inside the schools, officers can provide almost daily informal contact as well as much more frequent formal meetings during, before, and after school hours. Officers also are able to check attendance, discipline records, and other information about probationers on a daily basis, and can confer frequently with teachers about students' academic progress. Consequently, officers develop more substantial personal relationships with youths, which results in improved communication and understanding (Safe and Responsive Schools Project, 2002). School-based probation officers can also 1) intervene in crisis situations involving juvenile probation clients, 2) assist schools in handling disruptive behavior by probationers or other youth, 3) coordinate interventions with the schools and other agencies, 4) coordinate reentry efforts, and 5) serve as an agent of early intervention for disruptive or truant youth who are not yet involved in the juvenile justice system (Stephens and Arnette, 2000).

Although school-based probation is still a relatively new concept and no comprehensive evaluation has been completed, preliminary evidence suggests that it has a positive impact on school attendance, day-to-day school conduct and recidivism (Clouser, 1995; Metzger, 1997; Griffin, 1999). Some evidence indicates that school-based probation is associated with improved academic performance (Clouser, 1995) and is cost-effective (Metzger, 1997). A comparison study involving 75 randomly selected school-based probation clients and 75 regular probation clients matched on age, race, gender, crime, and county of supervision, Metzger (1997) found that school-based probation clients spent significantly more time in the community without being charged with new offenses or placed in custody, and were less likely to be charged with serious crimes. Metzger also found several other important benefits—including closer overall supervision, better school attendance, fewer instances of serious recidivism, fewer placements, and far fewer placement days—resulting in an estimated cost savings of \$6,665 for every case assigned to school-based probation.

Recently, Torbett and colleagues (2001) surveyed probation officers, probation chiefs/supervisors, and school administrators in Pennsylvania. All three groups reported high levels of satisfaction with the school-based probation program, including the program's

services, the program's effect on the school climate, and the communication that the program facilitates between schools and juvenile courts. More than 90 percent of the probation officers—and 79 percent of the school administrators—believed the program is effective in reducing recidivism among probationers. While not definitive, these results suggest that school-based probation should be considered as a promising alternative in a graduated responses system.

Therapeutic Treatment Approaches

Therapeutic treatment approaches are aggressive intervention programs that take many forms, but generally adhere to behaviorism, social learning, or cognitive behavioral models designed to reinforce prosocial behavior (Lipsey, 1992; Andrews et al., 1990; Gendreau, 1996). Some specific types of treatment approaches include individual therapy, anger management, problem solving, behavior modification, group therapy, multimodal treatments, multisystemic therapy, and individualized case planning to treat problem behavior.

In general, traditional treatment programs tended to be oriented toward individual rather than group work, have had a narrow focus, and have been delivered in settings bearing little resemblance to the problems that youth face; as result, these programs have failed to address the complexity of the needs that youth present (Henggeler, 1998). But today, there is overwhelming evidence that treatment programs can be effective in discouraging behavior and preventing further delinquency. One of the most extensively studied therapeutic treatment programs is Multisystemic Therapy (MST), which consists of intensive family-based treatment designed to promote behavioral change. The results of an extensive evaluation study indicated that MST was effective at reducing rates of criminal activity and institutionalization (Henggeler et al., 1992, 1993). At posttreatment, youth receiving MST reported a significantly greater reduction in criminal activity than youth receiving usual services. Moreover, a 2.4-year follow-up (Henggeler, Melton, Smith, Schoenwald, and Hanley, 1993) showed that MST doubled the percentage of youth who did not recidivate, in comparison with usual services. In a second study, families receiving MST reported and evidenced more positive changes in their dyadic family interactions than families in individual therapy (IT) at posttreatment (Borduin et al., 1995). For example, MST families reported increased cohesion and adaptability and showed increased supportiveness and decreased conflict/hostility during family discussions compared to IT families. Most importantly, results from a 4-year follow-up of recidivism showed that youth who received MST were significantly less likely to be rearrested than youth who received IT. The effectiveness of MST was not moderated by adolescent age, race, social class, gender, or pretreatment arrest history.

The evidence in favor of therapeutic treatment is also evident in meta-analysis research. In one of the most extensive meta-analyses of juvenile delinquency, which includes roughly 400 programs, Lipsey (1992) found that the most effective juvenile intervention programs tend to provide structured, focused treatment using behavioral, skill-oriented, and multimodel methods rather than less structured, less focused approaches. In similar meta-analyses focusing on the most serious juvenile offenders, Lipsey, Wilson, and Cothorn (2000) found that the best programs for institutionalized youth were interpersonal skills programs and

family-style group homes. The most effective treatment programs for noninstitutionalized offenders were individual counseling, interpersonal skills programs, and behavioral programs. The most effective treatment programs for institutionalized offenders were interpersonal programs, teaching family homes, behavioral programs, community residential programs, and multiple services programs. The least effective program types were wilderness/challenge, early release, traditional probation/parole, deterrence, vocational (noninstitutionalized), and milieu therapy (institutionalized). There was also some evidence indicating greater reductions in recidivism if treatment is provided in community settings rather than institutions (Andrews et al., 1990; Lipsey, 1992 and 2000).

Short-Term Shelter Care

Shelter care provides temporary residential care to youth in need of short-term placement outside the home (usually 1 to 45 days). Shelter care facilities are generally nonsecure or staff secure. In 1991, the National Association of Social Workers surveyed 360 agencies that provide basic shelter, crisis intervention, and transitional living services to runaway and homeless youth and determined that about 60 percent of these youth nationwide were victims of physical and sexual abuse by parents. Almost 30 percent of the youth had problems with alcohol or substance abuse, and more than 40 percent of them came from families with long-term economic problems (NASW, 1991).

The seriousness of such problems has led many shelter providers to go beyond their basic mission of providing “short-term placement outside the home.” Today, many shelters offer a broad range of counseling and treatment services for young residents. Stepping Stone, a licensed Los Angeles crisis shelter for youth ages 7 to 17, has created a highly structured 14-day program that includes counseling, social services, medical, legal and educational advocacy, and short-term follow-up (Petry, 1992). The Family Place shelter in Dallas, Texas offers a Therapeutic Activity Program that targets behavioral and social problems exhibited by younger children (deLange, 1986), and the Shelter Agencies for Families in East Texas (SAFE-T) network offers a wide range of treatment and counseling services for juvenile victims of rape and domestic violence.

To date, there is little reliable data on the outcomes of such short-term, shelter-based treatment programs. However, a series of studies conducted at the Boys Town Emergency Shelter Program in the mid-1990s suggests that short-term, shelter-based therapeutic programs can produce a positive impact on juvenile offenders. The research staff of the Boys Town Shelter found that a modified version of the teaching family home therapeutic approach, accompanied by parent-training and aftercare services, appeared to reduce the number of behavior problems and increase the satisfaction of residents in the juvenile shelter over the short term. They also found that shelter residents who were successfully reunited with their families after their stay in the shelter were less likely to return to the shelter care system at some later date. Although the Boys Town studies are too small in scale to permit the drawing of strong conclusions, they do suggest that structured, short-term therapeutic programs in emergency shelters may play a valuable role in helping youth build the interpersonal and family skills necessary to reenter society (Teare et al., 1992–94).

Confinement Programs: Secure Detention, Nonsecure Residential, and Secure Confinement

Juveniles whose offenses are serious or who fail to respond to intermediate responses are handled at a different level of the juvenile justice continuum. They may be placed in detention while awaiting disposition, committed to out-of-home placement in a community-based residential program, or sentenced to confinement in a traditional institutional or camp-like setting. In 1999, nearly one in four adjudicated delinquency cases resulted in out-of-home placement. Placement cases grew 24 percent, from 124,900 in 1990 to 155,200 in 1999. The largest percentage increase was in the number of drug offense cases resulting in placement, which rose 73 percent between 1990 and 1999. Placements increased 56 percent for public order offense cases and 48 percent for person offense cases, but declined 6 percent for property offense cases (Puzzanchera, 2003). Residential placement facilities for youth should offer comprehensive treatment programs for these youth with a focus on education, skills development, and vocational or employment training and experience (Howell, 1998).

Lipsey and others (2000) performed a meta-analysis of research published after 1970 on programs for both institutionalized and noninstitutionalized serious juvenile offenders conducted in the United States by psychologists, criminologists, or sociologists. According to his analysis, only two residential program types show relatively large, statistically significant mean effects on recidivism: interpersonal skills programs, and teaching family home programs. Behavioral programs, community residential programs, and multiple service programs also showed positive effects, however the results were less consistent. Mixed (but generally positive) recidivism effects were shown for individual counseling, guided group counseling, and group counseling. Employment programs, drug abstinence programs, and wilderness/challenge programs showed weak or no effects, although evidence was inconsistent. Milieu therapy (highly structured therapeutic communities) consistently showed weak or no effects on recidivism.

Regardless of their efficacy, the most common practices in confinement continue to be secure detention, group homes, teaching family homes, shelter care, therapeutic communities, residential treatment programs, wilderness programs, and secure confinement in a commitment institution. Because of the critical importance of residential programming and confinement in the Maryland DJS system, a detailed discussion of the latest research findings on each type of common residential program is provided below.

Secure Detention

As the graduated responses model has become more popular, the role of secure detention has become an increasingly ambiguous and confusing issue for many juvenile corrections professionals. When is it appropriate to place juveniles in a locked detention center? How long can they remain there? What kinds of programs and activities should be offered?

Ideally, in a system of graduated responses, secure detention is 1) reserved for the temporary custody of serious, violent, or chronic offenders awaiting adjudication or disposition and 2) always used for less than 30 days.

When detention centers contain a high population of less serious offenders (e.g., status offenders, offenders found guilty of property crimes, and technical probation violators), this is usually a sign that the local juvenile justice system lacks adequate alternatives to detention (such as short-term consequence beds, short-term shelter care, day reporting centers, school-based probation programs, or EM). This may also indicate that the system is not cost effectively allocating juvenile justice resources. For example, a series of recent studies conducted by the Annie E. Casey Foundation, found that the number of youth being detained for missing court appearances could be dramatically lowered simply by sending out “court date reminders” and arranging for transportation to the court (Steinhart, 2003).

Similarly, when a detention center contains a high percentage of juveniles who have remained in detention for more than 30 days, this may indicate that the system needs to develop expedited placement procedures or that it needs to expand the number of residential placement options available. One successful strategy for pinpointing and resolving such problems is the introduction of professional detention expeditors, or detention review panels, who work with the courts, probation officers, and placement officials to ensure that cases involving hard-to-place youth are managed properly and that detention is not being overused (Steinhart, 2003). Some jurisdictions have also been able to facilitate placement by creating a centralized, online database that tracks all available residential beds, program options, etc. (Robinson, 2000).

Since secure detention centers are not intended for long-term residential placement, they do not need to offer the same intensive level of individualized treatment and programming characteristic of long-term residential placements. However, the National Juvenile Detention Association (NJDA) still recommends that all detention centers provide youth with a full schedule of meaningful and age-appropriate activities including:

- State-certified educational programming
- Physical education (at least 1 hour of large muscle exercise per day)
- Basic substance abuse and mental health services
- An incentives-based behavior management system

Social skills training, crisis intervention services, family counseling, and parent help groups are also highly recommended for detention centers interested in providing youth with more than basic services (Robinson, 2000; Roush, 1996).

Regardless of the kind of programming offered, it is crucial that juvenile detention facilities be safe, secure, and hygienic. Juvenile detention centers should always:

- Allow for the separation of high-risk, hardcore juvenile offenders and lower risk youth
- Allow for the separation of males and females

- Allow for the separation of very young offenders from older juveniles
- Provide specialized spaces for core functions (e.g., functional, accessible and safe bathrooms, dedicated classroom space for educational activities, gyms for exercise, cafeterias for eating, and infirmaries for healthcare)
- Be constructed out of fireproof, durable materials
- Maximize the line of sight in any given space to ensure adequate supervision.
- Be totally sound monitored with visual monitoring capability
- Utilize pod designs, wherever possible, to increase direct supervision
- Keep security equipment and monitoring equipment in separate areas from residents
- Avoid overcrowding by keeping populations within rated capacities (e.g., by using “one-in-one-out” policies requiring that for every youth admitted to detention, another must be released)

Detention center staff must be competent, trained professionals capable of quickly establishing a sense of trust, authority, and security within the detention center. At a minimum, juvenile detention caregivers should meet the licensing and accreditation standards of the American Correctional Association and the National Juvenile Detention Association (Robinson, 2000). Whenever possible, facilities managers and senior staff should also have undergraduate or graduate degrees in criminal justice, social work, or related fields (Barlow and Fogg).

Recommendation: We recommend that DJS develop direct supervision programming models in predispositional and pending placement units and facilities to increase staff control and create a greater sense of safety among residents.

Nonsecure Residential Programs

A **GROUP HOME** is a residential placement for juveniles that provides a homelike setting in which a number of unrelated children live for varying time periods. Each home typically serves 5 to 15 clients placed there as a result of a court order or interactions with public welfare agencies. The homes may have one set of “house parents” or a rotating staff. Some therapeutic or treatment group homes also employ specially trained staff to assist children with emotional and behavior problems.

Group homes of many different kinds have been a popular intervention for juvenile offenders ever since Father Flanagan established his famous Boys Town in 1917. However, there is little research to support their overall effectiveness (Daly, 1996). Indeed, many researchers believe that small group settings that encourage fraternization among delinquents may actually promote disruptive and deviant behavior (Dishion et al., 1996). In the 1980s and 1990s, some group homes were also accused of fostering physical and sexual abuse (Rosenthal, 1991).

The dominant treatment approach being used in therapeutic group homes today is the Teaching Family Model, which was developed at the University of Kansas in the 1960s and replicated at Boys Town in the early 1970s (Phillips et al., 1974). This model relies heavily

on structural behavior interventions and highly trained staff who act as parents and live in the group homes 24 hours a day. Other group homes rely more on individual psychotherapy and group interaction (Surgeon General, 1999).

Studies suggest that adolescents placed in therapeutic group homes experience positive behavior effects while they are in the homes, but there is little, if any, evidence to suggest that treatment outcomes are sustained over time (Kirigin et al., 1982). In addition, two controlled studies (Rubenstein et al., 1978; Chamberlain and Reid, 1998) comparing the benefits of therapeutic group homes with therapeutic foster homes have clearly demonstrated that foster homes offer several important advantages (lower costs in the first study, fewer criminal referrals and more frequent family reunifications in the second study).

One explanation for the disappointing long-term outcomes of therapeutic group homes may be the clients' psychological profiles. Group homes are frequently seen as the "last stop" before secure detention, and the youth referred to them often suffer from serious mental or behavioral problems that have prevented successful placement in foster care (Surgeon General, 1999). To increase the likelihood of long-term positive effects, it is important for group homes to be seen as only one step in a continuum of care that emphasizes sustained treatment after discharge from the home (Lipsey and Howell, 2004).

MULTIDIMENSIONAL TREATMENT FOSTER CARE (MTFC) is another behavioral treatment alternative to secure confinement for adolescents who have problems with chronic antisocial behavior, emotional problems, and delinquency. It is based on the Social Learning Theory model that describes the mechanisms by which individuals learn prosocial and antisocial behavior patterns. The MTFC program recruits and trains community families to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community.

The program places adolescents in a family setting for 6 to 9 months. These families are recruited, trained, and supported by a case manager who coordinates all aspects of the youngsters' treatment program. The treatment program features clear and consistent limits, positive reinforcement for appropriate behavior, a relationship with a mentoring adult, and separation from delinquent peers. Additional program components include the following: weekly supervision and support meetings for MTFC parents, skill-focused individual treatment for youth, weekly family therapy for biological parents (adoptive or other aftercare resources), frequent contact between participating youth and biological/adoptive family members including home visits, close monitoring of the youngsters' progress in school, coordination with probation/parole officers, and psychiatric consultation/medication management as needed.

The effectiveness of MTFC has been evaluated in three studies. The first study used a matched comparison design to compare the effectiveness of MTFC to a sample of adjudicated youth in traditional group care. The second used a randomized design to compare the effectiveness of MTFC to a sample of youth placed in State mental hospitals. The third study used a randomized design to study the relative effectiveness of group care and MTFC.

The evaluations found that MTFC youth spent 60 percent fewer days in incarceration during the 12-month follow-up compared to youth in the control group (group care), had significantly fewer subsequent arrests, and had significantly less hard-drug use. In addition, MTFC boys reported significantly fewer psychiatric symptoms, had better school adjustment, returned to their family homes after treatment more often, and rated their lives as happier compared to boys in group care.

A TEACHING FAMILY HOME (TFH) is a long-term, residential facility for troubled youth, featuring a family teaching team in a family-style living environment. The family teaching team generally consists of a married couple who provide intervention strategies and create daily opportunities for teaching, learning, and skills-building.

The TFH model was originally developed in 1968 at the University of Kansas and was first implemented at Achievement Place, a community-based group home for juvenile offenders (Phillips et al., 1974). Since then, the program has been modified and adapted to various populations and settings, but the basic structure of the program remains unchanged.

Youth who enter the program are always subjected to a series of rigorous skills tests to determine their social, behavioral, and academic skills and deficits. Using this assessment as a guide, the teaching family parents work to correct the youth's behavioral deficits with a highly structured system of rewards and punishments. Youth who apply themselves to their lessons and behave appropriately are rewarded with social approbation and a series of tokens that can be redeemed for special privileges (such as a night of television). Youth who misbehave or fail to meet required standards are awarded demerits and lose privileges. As youth progress through the system, they are rewarded with greater autonomy and less-structured routines. In addition, everyone in the program participates in the home's "self-government"—assisting in the development of family rules and the arbitration of peer disputes (Ohio Teaching–Family Association [OTFA], 2003).

Since its introduction in the 1960s, the TFH model has been reproduced at numerous group homes, including Boys Town, where it was successfully replicated in the 1970s (Fixsen and Blasé, 2002). According to one study, more than 5,000 children, families, and adults with special needs currently participate in TFH-style programs every day (OTFA, 2003).

Although the long-term impact of TFHs on juvenile recidivism has never been clearly demonstrated, their short-term positive impact on youths' social skills, peer relations, and academic performance is well documented in many studies (Lipsey, 2000; Kirigin, 1982; Levitt, 1981).

Much of the program's success is attributed to its tremendous emphasis on highly skilled service providers. Teaching family parents must undergo a formal, 12-month training process to qualify as TFH practitioners. They must also undergo a rigorous review process and be recertified by the Teaching–Family Association every year.

A THERAPEUTIC COMMUNITY (TC) is a drug-free residential program that provides a highly structured, prosocial environment for the treatment of drug abuse and addiction. Unlike other

treatment approaches, TC programs use the community as the key agent of change. Treatment staff and recovering clients interact in both structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug use. In addition, TC uses a staged, hierarchical model in which treatment progress is related to increased levels of individual and social responsibility. The sense of a strong, structured hierarchical environment—in which all participants and staff have specific tasks, responsibilities, and rights—is crucial to the success of most TC programs (Mello et al., 1997).

Meta-analyses of TC programs in the general population have consistently supported the efficacy of TC treatment protocols for substance abusers, especially when treatment has been continued over long periods of time (Garrett, 1985; Andrews et al., 1990; Lipsey, 1991). However, TC programs for incarcerated youth face special challenges. Many TC programs in both adult and youth jails have not been properly implemented because of failure to garner adequate institutional support from correctional facility administrators (Castellano and Beck, 1991). To avoid disputes over disciplinary authority and funding, TC programs in correctional facilities must make sure that their procedures and activities do not conflict with the general schedule and routine of the larger institution (Cowles and Dorman, 2001). Providing adequate aftercare and involving participants' families are critical elements in the treatment of juvenile offenders, since research indicates that juvenile substance abusers are most likely to experience relapse within the first 6 months after treatment and reentry (DeLeon, 2000; Sealock et al., 1997).

Recent studies have demonstrated that properly implemented TC programs for juvenile offenders can have a significant positive impact on both substance abuse and recidivism. Two analyses of Arizona's Amity TC program (which features an intensive aftercare component) found a marked decrease in substance abuse and rearrest rates for up to 24 months after the individual left prison (Mullen et al., 1991; Wexler, 1999). Subjects in the Wexler study had a rearrest rate of 26.9 percent versus a rate of 40.9 percent for nontreatment offenders. Results such as these suggest that TC programs, while challenging to implement in many correctional settings, are nevertheless worth further investigation and refinement.

WILDERNESS CAMPS or Challenge Programs generally are residential placements that provide participants with a series of physically challenging outdoor activities, such as backpacking or rock climbing. These programs vary widely in terms of settings, types of activities, and therapeutic goals. The treatment components are grounded in experiential learning that advocates "learning by doing" and facilitates opportunities for personal growth. Such programs have their origins in two distinct sources: forestry camps for youthful offenders and the Outward Bound model, originated in Wales during the Second World War (Roberts, 2004).

While military-style boot camps have consistently failed to demonstrate any positive impact on juvenile offenders' recidivism rates, the data on wilderness camps is much more encouraging. According to Lipsey's meta-analysis (2000) of 29 different studies of wilderness programs involving more than 3,000 juvenile offenders, program participants experience recidivism rates that are about 8 percentage points lower than comparison

subjects (29 percent versus 37 percent). However, these moderately positive results do not reflect the marked inconsistencies in individual program results.

Lipsey (2000) found that programs combining “relatively intense physical activity and therapeutic enhancement such as individual counseling, family therapy, and therapeutic group sessions” were especially effective, while those that provided less physically challenging activities and little or no therapeutic content had a less significant impact.

One of the best-known and most-studied wilderness programs in the United States is VisionQuest. Founded in 1973, this national program provides alternatives to incarceration for serious juvenile offenders. VisionQuest youth typically spend 12 to 15 months in various challenging outdoor impact and therapeutic treatment programs. A normal treatment course often includes a 3-month stay at a wilderness orientation program (where the youth live in tepees or comparable primitive conditions), a 5-month adventure program (e.g., wagon train odysseys, cross country biking trips, or ocean voyages), and a 5-month community residential/therapeutic program. The program also features an aftercare program called HomeQuest that offers support to youth and families upon reentry.

Controlled studies of VisionQuest have consistently demonstrated its efficacy in lowering participants’ recidivism rates. One evaluation, performed by the RAND Corporation in the 1980s (Greenwood and Turner, 1987) found that VisionQuest graduates consistently outperformed a control group from a conventional correctional facility, although the VisionQuest group included more serious offenders. When differences in group characteristics were statistically controlled, VisionQuest youth were about half as likely as youth in the control group to be rearrested after 1 year (Howell, 1998).

Despite such promising results, many questions about the efficacy of wilderness programs remain unanswered. Lipsey’s meta-analysis (2000) found that the length of wilderness programs seemed to have an inverse effect on treatment results (i.e., the longer the program, the less chance of its achieving statistically significant results on treatment outcomes). Such a finding seems counterintuitive and puzzling in light of the success of some long-term programs, such as VisionQuest.

Lipsey (2000) and others have also noted that, thus far, the majority of wilderness program participants have been Caucasian male juvenile offenders. Little is known about the program’s effectiveness with African Americans, Hispanics, and females. Additional research is required to conclusively demonstrate the efficacy of such programs across different treatment types and diverse target populations (Fuentes, 2002).

RESIDENTIAL TREATMENT CENTERS (RTCS) are residential treatment facilities combining substance abuse and mental health treatment programs with 24-hour supervision in a highly structured (often staff secure) environment. They usually house youth with significant psychiatric or substance abuse problems who are too ill or unruly to be housed in foster care, day treatment programs, and other nonsecure environments, but whose conditions do not yet warrant commitment to a psychiatric hospital or secure corrections facility. Although these treatment centers must be licensed by the State, they are frequently run by private, for-profit

and nonprofit institutions. The treatment approaches and admissions criteria used by RTCs vary widely depending on the State and the institution.

Types of treatment offered may include psychoanalytic therapy, psychoeducational counseling, behavioral management, group counseling, and medication management. Settings range from extremely structured, hospital-like environments to group homes and halfway houses. As with most treatment options where there is enormous diversity in the type and quality of services being offered, the literature regarding RTCs shows mixed results. A summary of research findings prepared by the Surgeon General in 1999 reports that “in the past, admission to an RTC has been justified on the basis of community protection, child protection, and the benefits of residential treatment.” However, many studies have demonstrated that equally efficacious results can be achieved in less restrictive, community-based settings (Joshi and Rosenberg, 1997). Mental health and substance abuse professionals have also repeatedly called for clearer admission criteria for RTCs, to avoid incarcerating youth in inappropriate settings or with inappropriate and potentially dangerous peer groups.

Despite such mixed results, some privately run RTCs (especially those with intensive aftercare programs) appear to produce a positive impact on at-risk youth and juvenile offenders. A 1992 comparison of 254 graduates of Ohio’s Paint Creek Youth facility and a comparable control group found that recidivism for the treatment group remained lower than that of the control group for up to 24 months (Gordon, 2000).

Secure Confinement

In a system of graduated responses, secure confinement should always be considered as a last resort, and its use should be limited to violent, serious, or chronic offenders. Secure confinement facilities (also sometimes referred to as “juvenile jails” or “training schools”) include locked doors, controlled points of entry and egress, and other construction fixtures that physically restrict the movements and activities of inmates.

Research has shown that the most effective secure corrections programs tend to include only a small number of participants and provide them with individualized services (Howell, 1998). Missouri, for example, has achieved “exceptional” reductions in juvenile recidivism by abolishing its State reform school and replacing it with a network of small group homes emphasizing personal attention and therapeutic treatment (Mendel, 2003). Many other States have accomplished something similar by dividing their large institutional correctional facilities into smaller, more manageable housing units, or pods, each of which receives its own specialized programming and supervision.

Large, congregate-care facilities, such as training schools and boot camps, have not proven especially effective at reducing recidivism (Howell, 1998). In the words of one juvenile justice expert, “virtually every study of recidivism among youth sentenced to juvenile training schools finds that at least 50 to 70 percent of offenders are arrested within 1 or 2 years after release” (Mendel, 2003).

As a result of such findings, many juvenile justice experts now advocate severely limiting the bed capacity of juvenile correctional facilities (in the Missouri Model, the largest facilities accommodate only 40 youth). However, it is important to note that the high recidivism rates associated with larger institutions may have less to do with their size than their lackluster programming. In the graduated responses model, secure corrections facilities are expected to combine intensive supervision with highly individualized, evidence-based programming that is appropriate for the treatment of violent, severe, and chronic offenders. At a minimum, secure confinement facilities should offer:

- State-certified educational programming (including special ED and GED programs)
- Daily physical education (at least 1 hour of large muscle exercise per day)
- Easily accessible substance abuse, mental health, and somatic health services
- Essential life skills training (including social skills and vocational programs)
- Crisis intervention and anger management programs
- Family counseling programs
- Evidence-based behavioral therapy/behavioral modification programs (such as cognitive behavioral therapy)
- Gender appropriate programming
- Culturally appropriate programming
- Aftercare and reintegration programs

Ideally, youth in secure confinement should be kept busy with structured activities and treatment during all their waking hours. If possible, juveniles should also be confined in facilities located near their families and homes, as this allows for greater family involvement in the treatment process and facilitates the process of reintegration and aftercare (Robinson, 2000).

As previously noted, all juveniles have the right to be housed in physical conditions that promote health and public safety. A national survey of juvenile detention and correction facilities conducted by Abt Associates in the early 1990s found that more than 75 percent of youth incarcerated nationwide are in facilities that violate Federal standards related to living space. Such crowded conditions are also associated with high rates of injury and suicidal behavior (Parent, 1994).

To avoid overcrowding and unhygienic conditions, the National Juvenile Detention Association and the American Correctional Association recommend that juvenile facilities be planned and constructed to minimize opportunities for dangerous and violent behavior and to maximize opportunities for structured activity and supervision. At a minimum, all juvenile commitment facilities should:

- Allow for the separation of high-risk, hardcore youth offenders and lower risk juveniles
- Allow for the separation of males and females
- Allow for the separation of very young offenders from older juveniles

- Provide other specialized spaces for core functions (e.g., functional, accessible, and safe bathrooms, dedicated classroom space for educational activities, gyms for exercise, cafeterias for eating, and infirmaries for healthcare)
- Be constructed out of fireproof, durable materials
- Maximize the line of sight in any given space to ensure adequate supervision
- Be totally sound monitored with visual monitoring capability
- Utilize pod designs, where possible, to increase direct supervision
- Keep security equipment and monitoring equipment in separate areas from residents

To be successful as rehabilitation programs, commitment facilities also must have competent, professional staff. The American Correctional Association, the National Detention Association, and OJJDP all recommend that juvenile caregivers undergo a basic training and certification process that includes at least 120 hours of training in adolescent behavior, behavior modification, nonphysical intervention/de-escalation techniques, suicide prevention protocols, and safety procedures.

Some States (including Missouri) also require that their youth caregivers and facilities managers hold undergraduate or graduate degrees in a related field, such as social work or criminal justice. However, States that wish to truly professionalize their juvenile justice workforces must do more than require (or provide) appropriate training—they must also offer their employees a competitive wage, clearly defined career tracks, and opportunities for professional advancement. The absence of such incentives is a major contributor to the high turnover rate among corrections employees (Barlow and Fogg, 2004).

Reentry

Reentry programs provide reintegrative services that prepare out-of-home placed juveniles for reentry into the community. A comprehensive reentry process typically begins after sentencing, and continues through incarceration and into the period of release back to the community. It requires the creation of a seamless set of systems across formal and informal social control networks and a continuum of community services to prevent the reoccurrence of antisocial behavior. A comprehensive reentry initiative also can include public–private partnerships to expand the overall capacity of youth services.

It is better to prevent youth from entering the juvenile justice system by diminishing risk factors and strengthening protective factors, or to intervene early by implementing appropriate intervention strategies. However, some youth will commit crimes, and some of these juveniles will commit serious and violent crimes for which they will be sentenced to out-of-home placement. The number of such youth has been climbing in recent years. The number of adjudicated cases that resulted in out-of-home placement rose 51 percent nationally from 105,600 in 1987 to 159,400 in 1996 (MacKenzie, 1999). The vast majority of these out-of-home placed juveniles will one day reenter the community. Thus, one of the most important questions that the juvenile justice system must address is: What should a juvenile justice system do with youthful offenders upon their release from out-of-home placement to prevent the recurrence of antisocial behavior?

Current research shows that many residential facilities do little to “correct” delinquent behavior. Research demonstrates that any gains made by juvenile offenders in correctional facilities quickly evaporate following release because youth often return to disorganized communities where it is easy to slip back into the old habits that resulted in arrest in the first place (Deschenes and Greenwood, 1998). In fact, large percentages of serious juvenile offenders continue to commit crimes and reappear in the juvenile justice system (Krisberg, 1997). Moreover, the rate of recidivism is higher the younger the offender is when released. For example, in one study of 272,111 prisoners (both juveniles and adults), over 80 percent of youth under age 18 were rearrested, compared to 45.3 percent of those 45 or older (Langan and Levin, 2002).

The ineffectiveness of these practices prompted juvenile justice practitioners and researchers to explore new and innovative research-based programming to better prepare recently released juveniles to reenter the community. At present, there are two dominant types of reentry programs: aftercare programs and reentry courts.

Aftercare can be defined as reintegrative services that prepare out-of-home placed juveniles for reentry by establishing the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision (Altschuler and Armstrong, 2001).

There are two key components to the aftercare concept that distinguish it from the traditional handling of juvenile offenders. First, youthful offenders must receive services and supervision. Second, juvenile offenders must receive intensive intervention while they are incarcerated, during their transition to the community, and when they are under community supervision. Thus, the aftercare model refines the concept of reintegrative services to focus not only on what takes place after release, but also on what occurs before release into the community.

A comprehensive aftercare model integrates two distinct fields of criminological research—intervention research and community restraint research—to better prepare youth for their return to the community. Intervention strategies in an aftercare model focus on changing individual behavior and thereby preventing further delinquency. Despite early skepticism regarding intervention programs, recent literature reviews and meta-analyses demonstrate that intervention programs can be effective in reducing delinquency (Lipsey, 2000; Lipsey, 1992; Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen, 1990). Community restraint, on the other hand, refers to the amount of surveillance and control to which offenders are subjected to when they are in the community. Examples of community restraint mechanisms include contact with parole officers or other correctional personnel, urine testing for use of illegal substances, EM, employment verification, intensive supervision, house arrest, and residential halfway houses. Theoretically, increasing such surveillance “over offenders in the community will prevent criminal activities by reducing both their capacity and their opportunity to commit crimes. Additionally, it is expected that the punitive nature of the responses will act as specific deterrence to reduce the offender’s future criminal activity” (Sherman, 1997).

The research is promising when community surveillance is combined with treatment. For example, Land and colleagues (1990) examined the North Carolina Court Counselors Intensive Protective Supervision (IPS) Project where juvenile offenders (mostly status offenders) received both surveillance and treatment. Using a random assignment research design, the results indicated that youth with no prior offenses had fewer new delinquent offenses compared to the control group (i.e., no treatment, no surveillance) but the IPS youth with prior delinquent offenses had more delinquent offenses.

In another study of community surveillance, Sontheimer and Goodstein (1993) examined an intensive aftercare program for serious juvenile offenders in Pennsylvania where the experimental group was also provided with both community restraint and services. Using a random assignment research design, the evaluation found that youth in the experimental group had significantly fewer re-arrests and their mean number of re-arrests were fewer compared to the youth in the control group (i.e., no treatment, no surveillance).

In a review of six comprehensive aftercare programs that prepare juveniles for reentry into the community, Gies (2003) determined that aftercare is a promising program concept for minimizing recidivism among youth released from out-of-home placement. Limited evidence suggests that aftercare has a positive influence on participating youth. For instance, the Thomas O'Farrell Youth Center (TOYC) program has yielded promising results (Krisberg, 1992). Using a pretest–posttest design, the researchers found that of the first 56 TOYC graduates, the majority (55 percent) had no further court referrals in the year following release (11.6 months), and had a recidivism rate of 45 percent. A preliminary study of the Bethesda Day Treatment program (which includes an aftercare component) found a recidivism rate of only 5 percent among youth in the 1st year after discharge (Howell, 1998).

The Florida Environmental Institute (FEI) model has also demonstrated success according to a number of studies. The first study (Weaver, 1989) was a 3-year follow-up of 21 FEI graduates. The study found that only one third of youths in the FEI sample were convicted of new crimes during this 3-year period. Another assessment of the FEI model was conducted in 1992 by the Florida Department of Health and Rehabilitative Services (DHRS). This study compared the outcomes from seven residential programs for high-risk offenders, including 11 from the FEI program with impressive results. Only 36 percent of FEI participants were referred again to the juvenile court, compared to 47 to 73 percent of youth from the other six programs. Moreover, none of the 11 FEI youth was readjudicated or recommitted to the DHRS during the follow-up period, while the readjudication rates for youth in the other facilities ranged from 20 to 50 percent (Howell, 1998). More recently, a similar study of the FEI model by the Florida Department of Juvenile Justice obtained comparable results.

Finally, Project CRAFT has shown success with economically disadvantaged out-of-school and incarcerated youth. The evaluation (Resource Development Group, 1999) found a low rate of recidivism for Project CRAFT graduates. Of the 149 participants in the three national demonstration sites, 39 youth (26 percent) were convicted of new crimes after training completion, release or placement. Outcomes also improved over time. Year 1 participants sustained the highest recidivism rates, followed by year 2 and year 3 youth, respectively. The

recidivism rate for year 1 youth was 15 percent. The percentage declined to 10 percent for year 2 youth and 1 percent for year 3 youth.

These findings, while encouraging, must be viewed with extreme caution because of the small sample sizes and lack of control groups. Nevertheless, the recidivism rates compare favorably with a baseline recidivism rate for serious juvenile offenders released from prison estimated at approximately 80 percent (Langon and Levin, 2002).

Reentry courts are specialized courts that help reduce recidivism and improve public safety through the use of judicial oversight. Reentry courts generally perform the following activities: 1) review offenders' reentry progress and problems, 2) order offenders to participate in various treatment and reintegration programs, 3) use drug and alcohol testing and other checks to monitor compliance, 4) apply graduated responses to offenders who do not comply with treatment requirements, and 5) provide modest incentive rewards for sustained clean drug tests and other positive behavior.

Traditionally, a court's responsibility to an offender ends when a defendant is sentenced by a judge. Judges typically have no role in the broad array of activities associated with carrying out the terms of the sentence, preparing the offender for release, or facilitating the offender's transition back into the community. However, several trends related to sentencing, incarceration, and postrelease supervision are offering courts the opportunity to become the principal force behind these activities. First, widely recognized increases in incarceration rates over the past 20 years have led to record numbers of prisoners. Second, the amount of time served has increased, primarily owing to truth-in-sentencing laws and the shift away from discretionary release. Third, the adequate availability of appropriate treatment programs in prisons is questionable, despite more prisoners being incarcerated and serving longer sentences, and prisoners' participation in such programs has been declining over the past decade (Lynch and Sabol, 2001). Fourth, the emphasis on supervision over treatment is evident outside of correctional institutions, with postrelease supervision officers facing increasingly higher caseloads yet lower per capita spending (Petersilia, 1999).

These trends have given rise to a form of jurisprudence in which the judge is actively involved in overseeing the transition of the offender. The most mature example of this new development is the drug court, where the judge manages a caseload of drug-involved offenders. Based on the drug court model, this approach to adjudication has been extended to domestic violence, family treatment, guns, DWI, and reentry. A key feature of this type of court is that the court holds judicial authority to which offenders respond positively. In addition, frequent appearances before the court and offers of assistance, coupled with the knowledge of predictable consequences for failure, assist the offender in the reentry process.

A reentry court can take various forms. Two examples include cases-defined courts and stand alone reentry courts. In a case-defined reentry court, a sentencing judge can retain jurisdiction over an individual's case during the entire life of the sentence. Alternatively, a reentry court can be established as a stand alone court where the court maintains an exclusive docket of reentry cases. In either model, it is expected that the judge would actively engage correctional administrators overseeing the period of imprisonment preceding release.

The emergence of reentry courts is a relatively new phenomenon. As a result, very little research exists to demonstrate its effectiveness with adult or juvenile populations returning to the community. One study of adult prisoners in the Harlem Parole Reentry Court (HPRC) produced mixed findings (Farole, 2003). HPRC was established in 2001 in New York City as a pilot demonstration project in East Harlem. The program's purpose was to test the feasibility and effectiveness of a collaborative, community-based approach to managing prisoner reentry. The preliminary evaluation of the HPRC covering the first 20 months of operations (June 2001 through January 2003) found that overall reconviction rates were not significantly reduced after 1 year. However, results indicate a significant reduction in convictions on non-drug-related offenses.

The dearth of research on reentry courts prompted the Office of Justice Programs (OJP) to announce a "call for concept papers" from jurisdictions "willing to test the concept of a reentry court." OJP selected 9 of 21 proposals received from jurisdictions nationwide. The nine sites include: California, Colorado, Delaware, Florida, Iowa, Kentucky, New York, Ohio, and West Virginia. One of the sites (West Virginia) targets juvenile offenders. The sites were responsible for developing strategies to improve the tracking and supervision of offenders upon release, prepare communities to address public safety concerns, and provide the services necessary to help offenders reconnect with their families and the community. Of the nine sites, all but one were able to reach operational status. Among the eight sites that implemented programs, seven are still operational. Most sites offer comprehensive services, with case management provided either through a specialized case manager or the supervision officer. Typical services include mental health counseling, physical health care, substance abuse treatment, family counseling, employment and vocational assistance, educational assistance, and housing assistance (Lindquist, Hardison and Lattimore, 2003). Research on the sites is ongoing.

Gender-Responsive Programming

Maryland, like the rest of the nation, is grappling with the growing problem of female juvenile offenders. In focus groups conducted for this report, DJS workers consistently expressed concern over the lack of programming for girls. They also noted that the State's female offenders seemed to be getting younger and more violent all the time (see Chapter 4 for a fuller discussion of females in the Maryland system).

As female delinquency has become more prevalent, juvenile justice experts across the country have come to realize that female offenders have their own special needs and distinct patterns of behavior. Delinquent girls are three times as likely as delinquent boys to have experienced some form of sexual abuse; they are also more likely to suffer from low self-esteem and chronic depression, and they are more prone to commit suicide or acts of self-mutilation while confined. For this reason, it is essential for a well-designed State system to have quality treatment programs designed specifically for female offenders.

The essential elements of good gender-responsive programming include the following

- § A safe space, both physically and emotionally, that is removed from the attention of adolescent males
- § Frequent opportunities to talk, bond, and form nurturing relationships with other women (including friends and family)
- § Positive female role models (including program staff)
- § Multidimensional therapy and treatment programs that help build young women's self-esteem
- § Frank nonjudgmental education about women's health and sexuality
- § A holistic, multilevel treatment approach that takes into account the female offender's relationships with her family, her school, and her community

While the area of gender responsive programming is relatively new, a number of successful programs have already established themselves as models for other States. These include

- § The PACE Center for Girls (a well-known, multisite day treatment program for adolescent girls in Florida)
- § The Harriet Tubman Residential Center (a step-down or shelter residence for first time female offenders in Auburn, N.Y.)
- § The HEART Program (North Carolina's therapeutic treatment community for female substance abusers)
- § The Girls Circle Program (a national curriculum of structured support groups for girls ages 9–22)
- § The Female Intervention Team (Baltimore City's special probation task force for female offenders. See Chapter 4, "Focus on Females" for more information)



DELIVERABLE 3

Best practices...to address gender-specific needs.

Detailed information on these and other promising programs for female offenders can be found in OJJDP's *Guiding Principles for Promising Female Programming: An Inventory of Best Practices* (OJJDP, 1998). Onsite training and technical assistance on female programming is also available through the agency's Formula Grants Program (see http://www.dsgonline.com/projects_formulagrants.html for more information).

WHAT IS MISSING IN MARYLAND'S CONTINUUM OF CARE?

A well constructed, smoothly operating system of graduated responses provides juvenile justice professionals with a variety of options for managing their cases and intervening in the development of delinquent behavior. However, many States struggle to find the appropriate mix of services and responses for their populations. During a series of focus groups conducted for this study in October and November 2004, DJS staff and representatives from other child-serving agencies and community-based programs were given an opportunity to assess the services and responses currently available to them.

As part of a Develop A Curriculum (DACUM) exercise, participants identified all the services available to them for immediate responses, intermediate responses, residential placement, and aftercare. For each service, they also identified the funding source (e.g., county, DJS, or another agency). After completing the lists of services, participants identified gaps in each area of the continuum. Once all the focus groups were completed, the findings of the DACUM exercises were compiled to determine which services from the graduated responses model were already present in the State, and which services were lacking (see Appendix F for detailed presentation of DACUM results).

It should be noted that the results presented here are not intended to be an exhaustive listing of services available to or used by DJS. Instead, these results reflect the services and programs about which focus group participants were aware. Variation in awareness or knowledge of what is available can be accounted for by considering the variation among participants. Focus groups were composed of juvenile justice professionals from varying fields and agencies, with varying job functions and levels of training, and holding positions of varying rank (i.e., line staff or management). In short, apparent inconsistencies in the data, such as failure to identify an available service, are better understood taking into consideration the diversity of experience among those present.

Immediate Responses Results: Services Versus Gaps

In the immediate responses category (i.e., programs geared towards first-time offenders), all five areas of the State reported having access to community service, diversion, informal probation, and restitution services. At least four areas also reported having access to some sort of family/group conferencing program, teen court, or victim awareness program.

**Table 8.1. Immediate Responses:
Focus Group Perceptions of Services Available by Area**

Available Services (In order of frequency)	Area				
	1	2	3	4	5
Community Service	X	X	X	X	X
Diversion Program/Informal Hearing, CD/EM, Detention Alternatives	X	X	X	X	X
Informal Probation Supervision/Informal Supervision	X	X	X	X	X
Restitution (monetary)	X	X	X	X	X
Family/Group Conferencing/Intervention, Community Conferencing	X	X	X		X
Teen Courts/Peer Judges, Juvenile Review Board	X		X	X	X
Victim Awareness	X	X	X		X
Citizen Hearing Panels		X	X		X
Drug/Alcohol Treatment	X		X	X	
Family Counseling/Preservation	X		X	X	
Intake Conferences		X	X		X
Law-Related Education Program		X	X		X
Life/Social Skills Training	X		X	X	
Mediation Program	X	X	X		
Alternative School		X		X	
Anger Management	X		X		
Apology Letters	X		X		
Counseling			X		X
Drug Testing			X	X	
Drug/Alcohol Education			X	X	
Employment/Job Skills Training			X	X	
Gender Specific Programs	X	X			
Mental Health/Referrals		X			X
Mentoring	X	X			
Truancy Intervention Program, Prosecution		X		X	
Tutoring	X		X		
Addiction Prescreen			X		
Assessment			X		
Consequence Beds					X
Crime Awareness			X		
C-SAFE				X	
Drug Counseling					X
Hotline		X			
Moral Reconation Therapy	X				
Multisystemic Therapy	X				
Outreach				X	
Probation School		X			
Psychological Services and Evaluation		X			
Recreation	X				
Sex Offender			X		
Substance Abuse		X			
Substance Abuse Screening					X
Substance Abuse Support Worker			X		
Wraparound Services				X	
Youth Services Bureau	X				

The most frequently named gap was the need for mentoring programs, followed by a need for Balanced and Restorative Justice-type programs—four out of five areas reported gaps in family group conferencing and community conferencing; and three out of five areas noted gaps in diversion programming.

Table 8.2. Immediate Responses: Focus Group Perceptions of Gaps by Area					
Gaps (In order of frequency)	Area				
	1	2	3	4	5
Mentoring	X	X	X	X	X
Family Group Conferencing/Community Conferencing		X	X	X	X
Diversion Program	X		X		X
Life/Social Skills Training	X			X	X
Parenting/Family Counseling/Parent Support Groups	X			X	X
Alternative School		X		X	
Anger Management			X		X
Crisis Beds		X		X	
Employment/Job Skills Training	X				X
Family Counseling	X			X	
Gang Intervention			X		X
Informal Probation Supervision			X	X	
Law-Related Education Program			X	X	
Mental Health/Assessments	X		X		
Remedial Education/Assessments			X		X
Teen Courts/Peer Judges			X	X	
Tutoring	X		X		
Advocacy	X				
Citizen Hearing Panels				X	
Comm. Assess. Center					X
Community Service				X	
Driver Safety			X		
Drug/Alcohol Treatment (for families)	X				
Drug/Alcohol Treatment (for girls)	X				
Education Services					X
Electronic Monitoring				X	
Fire Safety			X		
Gender Specific Programs	X				
HIV/AIDS Prevention	X				
House Arrest				X	
Interagency Coordination for Social Services	X				
Jail Tours			X		
Mediation Program			X		
Money for Medication			X		
Mosle Crisis Team		X			
Outpatient Drug Treatment				X	
Pregnant Teen					X
Psychiatrists			X		
Psychologists			X		
Respite				X	
Restitution (monetary)				X	
Sex Offender/Assessments			X		

Table 8.2. Immediate Responses: Focus Group Perceptions of Gaps by Area					
Gaps (In order of frequency)	Area				
	1	2	3	4	5
Summer Camp					X
Support Groups for Grandparents	X				
Transportation			X		
Victim Awareness				X	
Victim/Offender			X		

Intermediate Responses Results: Services Versus Gaps

In the area of intermediate responses (i.e., programs directed toward more serious offenders), all five areas of the State listed drug courts, family counseling services, and probation services as readily available to them. Four out of five areas reported having access to alternative schools, gender-specific programs, intensive supervision programs, life skills training, school-based probation, and sex offender programs.

Table 8.3. Intermediate Responses: Focus Group Perceptions of Services Available by Area					
Available Services (In order of frequency)	Area				
	1	2	3	4	5
Drug Court	X	X	X	X	X
Family Counseling/Preservation	X	X	X	X	X
Probation	X	X	X	X	X
Alternative School		X	X	X	X
Gender Specific Programs	X	X	X		X
Intensive Supervision Probation (ISP)	X		X	X	X
Life/Social Skills Training	X	X	X		X
School-Based Probation	X	X	X		X
Sex Offender	X	X	X		X
Day/Evening Custody/Treatment		X	X	X	
Probation and Electronic Monitoring		X	X	X	
Victim Awareness		X	X		X
Anger Management		X	X		
Community Detention	X		X		
Community Service		X	X		
C-SAFE	X		X		
Drug Testing/Substance Abuse		X	X		
Drug/Alcohol Education			X	X	
Drug/Alcohol Treatment		X	X		
Employment/Job Skills Training	X	X			
Mental Health	X	X			
Mentoring	X		X		
Multisystemic Therapy			X		X
Advocacy	X				
Choice	X				
Counseling			X		

Crisis Intervention			X		
Drug Testing			X		
Home Visits with Police			X		
Job Corps	X				
Mobile Crisis Unit					X
Parenting			X		
Probation Violation Response (placed in detention/secure unit)			X		
Psychological Testing				X	
Spotlight on Schools (SOS)	X				
Uplift Reading Program	X				
Tutoring	X				
Youth Camp				X	

**Table 8.4. Intermediate Responses:
Focus Group Perceptions of Gaps by Area**

Gaps (In order of frequency)	Area				
	1	2	3	4	5
Day/Evening Custody/Treatment	X	X	X	X	
Drug Court		X	X	X	X
Drug Testing/Substance Abuse		X	X	X	X
Drug/Alcohol Treatment	X	X	X		X
Family Counseling/Preservation		X	X	X	
Gender Specific Programs	X		X	X	
School-Based Probation			X	X	X
Sex Offender			X	X	X
Anger Management			X	X	
Crisis Intervention			X	X	
Fire Setting	X			X	
Foster Care			X	X	
Gang Intervention			X	X	
Mental Health Screening/Evaluation			X	X	
Probation and Electronic Monitoring			X	X	
Respite Beds			X	X	
Shelter Care			X	X	
Transportation / Transportation Services			X	X	
Tutoring	X			X	
Alternative School/Special Ed	X				
Child Care			X		
Community Conferencing			X		
Community Service		X			
Culturally Sensitive Programs			X		
Drug/Alcohol Education				X	
Employment/Job Skills Training			X		
Family Accountability			X		
Intensive Supervision Probation (ISP)			X		
Language			X		
Life/Social Skills Training					X
Mental Health Services	X				
Mentoring				X	

Remedial Education				X	
Runaway Programs			X		
SED Services			X		
Sex Education	X				
Transition Programs			X		
Young Offenders			X		

At the same time, four out of five areas identified gaps in their drug programming, especially drug treatment and drug testing. Three out of five said that they needed additional family counseling services, sex offender programs, and gender-specific programs. Areas 3 and 4 also noted a gap in programs for fire setters and in anger management programs. The seemingly inconsistent nature of these findings may suggest that even where immediate and intermediate response programs are present, they are not meeting the needs of Maryland's youth.

Residential Services Results: Services Versus Gaps

Findings from the residential and aftercare portions of the DACUM exercise are easier to fathom. Four out of five areas reported having access to group homes, inpatient drug and alcohol treatment, inpatient mental health treatment, and shelter care, but there were still significant gaps in the State's more specialized residential programming (for example, residential placements for sex offenders, mental health treatment, drug offenders, foster care, and residential treatment centers). Four out of five areas reported needing more shelter homes and three out of five areas reported needing more foster care.

Table 8.5. Residential Programs: Focus Group Perceptions of Services Available by Area					
Available Services (In order of frequency)	Area				
	1	2	3	4	5
Group Home/Residential Treatment Facility	X	X	X	X	X
Inpatient Drug and Alcohol Treatment	X	X	X	X	X
Inpatient Mental Health Treatment	X	X	X	X	X
Boot Camp/Experiential Wilderness/Youth Camps	X	X	X		X
Foster Care	X		X	X	X
Shelter Care		X	X	X	X
Sex Offender Residential Treatment Program	X		X		X
Corrections			X	X	
Secure Detention		X		X	
Family Advocacy					X
Thomas B. Finan Center				X	
Independent Living			X		
Pregnant Girls				X	
Therapeutic Foster Home				X	

Table 8.6. Residential Programs: Focus Group Perceptions of Gaps by Area					
Gaps (In order of frequency)	Area				
	1	2	3	4	5
Group Home/Residential Treatment Facility		X	X	X	X
Inpatient Drug and Alcohol Treatment	X		X	X	X
Inpatient Mental Health Treatment	X		X	X	X
Shelter Care		X	X	X	X
Foster Home	X		X	X	
Sex Offender Residential Treatment Program			X	X	X
Boot Camp/Experiential Wilderness				X	X
Gender Specific Programs			X		X
Child Advocates	X				
Community Treatment Facility (most too far away)			X		
Crisis Mental Health Units in Detention	X				
Drug/Alcohol Education				X	
Drug/Alcohol Treatment				X	
Employment/Job Skills Training				X	
Group Home Therapy			X		
Independent Living			X		
Remedial Education			X		
Status Offenders			X		
Therapeutic Foster Home			X		
Transfer Beds		X			

Area 3, which this report identifies as a possible pilot area for regionalization (see Chapters 9 and 12), also appears to offer the most comprehensive range of residential services in the State.

Aftercare Results: Services Versus Gaps

All five areas reported having fewer aftercare services available to them than other sorts of responses, and only participants from Area 1 were able to identify a reasonably comprehensive set of aftercare programs in their communities. All areas reported having access to family counseling, supervision and electronic monitoring, and treatment services, such as drug testing and therapy available. Three areas reported that halfway houses are available.

**Table 8.7. Aftercare Programs:
Focus Group Perceptions of Services Available by Area**

Available Services (In order of frequency)	Area				
	1	2	3	4	5
Family Counseling/Preservation	X	X	X	X	X
Supervision Services/Electronic Monitoring	X	X	X	X	X
Treatment Services (drug testing) (therapy) (day/night)	X	X	X	X	X
Halfway House		X		X	X
Parole Planning		X	X		X
Drug Testing		X			X
Mentoring				X	X
Transitional Assistance to School	X		X		
Alternative Schools				X	
Anger Management		X			
Case Management	X				
CHOICE	X				
Community Services				X	
Drug/Alcohol Education					X
Drug/Alcohol Treatment		X			
Employment/Job Skills Training					X
Family Advocacy	X				
Independent Living	X				
Job Corps/Job Training	X				
Outpatient Mental Health	X				
Psychiatric Services	X				
Local Coordinating Council	X				
Sex Offender					X
Spotlight on Schools (SOS)	X				
Substance Abuse Outpatient				X	
Wraparound Services	X				

The most obvious gaps in the aftercare segment of the continuum of care noted by all areas were intensive supervision programs and vocational/job skills programs. Four out of five areas also reported a lack of halfway houses and therapeutic treatment services.

**Table 8.8. Aftercare Programs:
Focus Group Perceptions of Gaps by Area**

Gaps (In order of frequency)	Area				
	1	2	3	4	5
Employment/Job Skills Training/Work Release	X	X	X	X	X
Supervision Services, Intensive Aftercare Services	X	X	X	X	X
Halfway House		X	X	X	X
Treatment Services (therapy)		X	X	X	X
Drug Testing			X	X	
Drug/Alcohol Education			X	X	
Drug/Alcohol Treatment		X	X		
Family Counseling	X			X	
Parole Planning				X	X
Shelter Care		X	X		
Transportation Services			X		X
Anger Management				X	
Crisis Intervention				X	
Fire Setting					X
Independent Living		X			
Life/Social Skills Training				X	
Remedial Education		X			
Respite Beds					X
Transition Program	X				
Tutoring	X				
Victim Awareness				X	

Overall, the results of the DACUM exercise suggests several important gaps in Maryland's service delivery system, including a shortage of effective detention alternatives and the need for more specialized residential programs. These results are confirmed by other findings presented throughout this report.

Service Availability and Gaps by Area

In this section, the results of the DACUM exercise are presented by DJS area. When examining reported service availability and gaps by area, inconsistencies in the data may become apparent. For example, in some cases members of a single area identified the same program or service as both "available" and "a gap." This apparent contradiction can be better understood by examining the way the data were collected and presented in this report. For each area, data were collected from two to four focus groups composed of unique individuals. In contrast, the data tables presented herein are compilations of data for *all* focus groups in an area. So, in many cases—where the same service is identified as both available and a gap—it is likely that the service was identified differently in separate focus groups.

Focus group responses suggest several reasons for inconsistencies in service identification within an area. One reason is perceptions of service availability that can vary by location and

knowledge of participants. For example, some participants commented that services were available in other counties in their area, but not in their own county. In addition, some reported that they simply were unaware of all of the services that were available. Another reason is accessibility of services. Several focus group participants said that, while they were aware of some services, they did not feel that they were readily accessible because of long waiting lists, programs that are too small to accommodate population needs, and excessive distances to services.

Area 1 Results: Services and Gaps

Table 8.9. Area 1		
Perceptions of Services Available and Gaps in Services		
Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
IMMEDIATE RESPONSES		
Advocacy		X
Anger Management	X	
Apology Letters	X	
Community Service	X	
Diversion Program/Informal Hearing, CD/EM, Detention Alternatives	X	X
Drug/Alcohol Treatment	X	X
Employment/Job Skills Training		X
Family Counseling/Preservation	X	X
Family/Group Conferencing/Intervention, Community Conferencing	X	
Gender Specific Programs	X	X
HIV/AIDS Prevention		X
Informal Probation Supervision/Informal Supervision	X	
Interagency Coordination for Social Services		X
Life/Social Skills Training	X	X
Mediation Program	X	
Mental Health/Assessments		X
Mentoring	X	X
Moral Reconciliation Therapy	X	
Multisystemic Therapy	X	
Recreation	X	
Restitution (monetary)	X	
Parenting/Family Counseling/ Parent Support Groups		X
Support Groups for Grandparents		X
Teen Courts/Peer Judges, Juvenile Review Board	X	
Tutoring	X	X
Victim Awareness	X	
Youth Services Bureau	X	
INTERMEDIATE RESPONSES		
Advocacy	X	
Alternative School/Special Ed.		X
Choice	X	
Community Detention	X	
C-SAFE	X	

Table 8.9. Area 1
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
Day/Evening Custody/Treatment		X
Drug Court	X	
Drug/Alcohol Treatment		X
Employment/Job Skills Training	X	
Family Counseling/Preservation	X	
Fire Setting		X
Gender Specific Programs	X	X
Intensive Supervision Probation (ISP)	X	
Job Corps	X	
Life/Social Skills Training	X	
Mental Health	X	X
Mentoring	X	
Probation	X	
School-Based Probation	X	
Sex Education		X
Sex Offender	X	
Spotlight on Schools (SOS)	X	
Tutoring	X	X
Uplift Reading Program	X	
RESIDENTIAL PROGRAMS		
Boot Camp/Experiential Wilderness/Youth Camps	X	
Child Advocates		X
Crisis Mental Health Units in Detention		X
Foster Care	X	X
Group Home/Residential Treatment Facility	X	
Inpatient Drug and Alcohol Treatment	X	X
Inpatient Mental Health Treatment	X	X
Sex Offender Residential Treatment Program	X	
AFTERCARE PROGRAMS		
Case Management	X	
CHOICE	X	
Employment/Job Skills Training		X
Family Advocacy	X	
Family Counseling/Preservation	X	X
Independent Living	X	
Job Corps/Job Training	X	
Local Coordinating Council	X	
Outpatient Mental Health	X	
Psychiatric Services	X	
Spotlight on Schools (SOS)	X	
Supervision Services/Electronic Monitoring	X	
Supervision Services/Intensive Aftercare Services		X
Transitional Assistance to School	X	X
Treatment Services (drug testing) (therapy) (day/night)	X	
Tutoring		X
Wraparound Services	X	

Area 2 Results: Services and Gaps

Table 8.10. Area 2 Perceptions of Services Available and Gaps in Services		
Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
IMMEDIATE RESPONSES		
Alternative School	X	X
Citizen Hearing Panels	X	
Community Service	X	
Crisis Beds		X
Diversion Program/Informal Hearing, CD/EM, Detention Alternatives	X	
Family/Group Conferencing/Intervention, Community Conferencing	X	X
Gender Specific Programs	X	
Hotline	X	
Informal Probation Supervision/Informal Supervision	X	
Intake Conferences	X	
Law-Related Education Program	X	
Mediation Program	X	
Mental Health/Referrals	X	
Mentoring	X	X
Mosle Crisis Team		X
Probation School	X	
Psychological Services and Evaluation	X	
Restitution (monetary)	X	
Substance Abuse	X	
Truancy Intervention Program, Prosecution	X	
Victim Awareness	X	
INTERMEDIATE RESPONSES		
Alternative School	X	
Anger Management	X	
Community Service	X	X
Day/Evening Custody/Treatment	X	X
Drug Court	X	X
Drug Testing/Substance Abuse	X	X
Drug/Alcohol Treatment	X	X
Employment/Job Skills Training	X	
Family Counseling/Preservation	X	X
Gender Specific Programs	X	
Life/Social Skills Training	X	
Mental Health	X	
Probation	X	
Probation and Electronic Monitoring	X	
School-Based Probation	X	
Sex Offender	X	
Victim Awareness	X	
RESIDENTIAL PROGRAMS		
Boot Camp/Experiential Wilderness/Youth Camps	X	
Group Home/Residential Treatment Facility	X	X

Table 8.10. Area 2
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
Inpatient Drug and Alcohol Treatment	X	
Inpatient Mental Health Treatment	X	
Secure Detention	X	
Shelter Care	X	X
Transfer Beds		X
AFTERCARE PROGRAMS		
Anger Management	X	
Drug Testing	X	
Drug/Alcohol Treatment	X	X
Employment/Job Skills Training		X
Family Counseling/Preservation	X	
Halfway House	X	X
Independent Living		X
Parole Planning	X	
Remedial Education		X
Shelter Care		X
Supervision Services/Electronic Monitoring	X	
Supervision Services/Intensive Aftercare Services		X
Treatment Services (drug testing) (therapy) (day/night)	X	X

Area 3 Results: Services and Gaps

Table 8.11. Area 3
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
IMMEDIATE RESPONSES		
Addiction Prescreen	X	
Anger Management	X	X
Apology Letters	X	
Assessment	X	
Citizen Hearing Panels	X	
Community Service	X	
Counseling	X	
Crime Awareness	X	
Diversion Program/Informal Hearing, CD/EM, Detention Alternatives	X	X
Driver Safety		X
Drug Testing	X	
Drug/Alcohol Education	X	
Drug/Alcohol Treatment	X	
Employment/Job Skills Training	X	
Family Counseling/Preservation	X	

Table 8.11. Area 3
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
Family/Group Conferencing/Intervention, Community Conferencing	X	X
Fire Safety		X
Gang Intervention		X
Informal Probation Supervision/Informal Supervision	X	X
Intake Conferences	X	
Jail Tours		X
Law-Related Education Program	X	X
Life/Social Skills Training	X	
Mediation Program	X	X
Mental Health/Assessments		X
Mentoring		X
Money for Medication		X
Psychiatrists		X
Psychologists		X
Remedial Education/Assessments		X
Restitution (monetary)	X	
Sex Offender	X	X
Substance Abuse Support Worker	X	
Teen Courts/Peer Judges, Juvenile Review Board	X	X
Transportation		X
Tutoring	X	X
Victim Awareness	X	
Victim/Offender		X
INTERMEDIATE RESPONSES		
Alternative School	X	
Anger Management	X	X
Child Care		X
Community Conferencing		X
Community Detention	X	
Community Service	X	
Counseling	X	
Crisis Intervention	X	X
Culturally Sensitive Programs		X
C-SAFE	X	
Day/Evening Custody/Treatment	X	X
Drug Court	X	X
Drug Testing	X	
Drug Testing/Substance Abuse	X	X
Drug/Alcohol Education	X	
Drug/Alcohol Treatment	X	X
Employment/Job Skills Training		X
Family Accountability		X
Family Counseling/Preservation	X	X
Foster Care		X
Gang Intervention		X
Gender Specific Programs	X	X

Table 8.11. Area 3
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
Home Visits with Police	X	
Intensive Supervision Probation (ISP)	X	X
Language		X
Life/Social Skills Training	X	
Mental Health		X
Mentoring	X	
Multisystemic Therapy	X	
Parenting	X	
Probation	X	
Probation and Electronic Monitoring	X	X
Probation Violation Response (placed in detention/secure unit)	X	
Respite Beds		X
Runaway Programs		X
School-Based Probation	X	X
Sex Offender	X	X
Shelter Care		X
SED Services		X
Transition Programs		X
Transportation/Transportation Services		X
Victim Awareness	X	
Young Offenders		X
RESIDENTIAL PROGRAMS		
Boot Camp/Experiential Wilderness/Youth Camps	X	
Community Treatment Facility		X
Corrections	X	
Foster Care	X	X
Gender Specific Programs		X
Group Home Therapy		X
Group Home/Residential Treatment Facility	X	X
Independent Living	X	X
Inpatient Drug and Alcohol Treatment	X	X
Inpatient Mental Health Treatment	X	X
Remedial Education		X
Sex Offender Residential Treatment Program	X	X
Shelter Care	X	X
Status Offenders		X
Therapeutic Foster Home		X
AFTERCARE PROGRAMS		
Drug Testing		X
Drug/Alcohol Education		X
Drug/Alcohol Treatment		X
Employment/Job Skills Training		X
Family Counseling/Preservation	X	
Halfway House		X
Parole Planning	X	
Shelter Care		X
Supervision Services/Electronic Monitoring	X	

Table 8.11. Area 3
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
Supervision Services/Intensive Aftercare Services		X
Transitional Assistance to School	X	
Transportation Services		X
Treatment Services (drug testing) (therapy) (day/night)	X	X

Area 4 Results: Services and Gaps

Table 8.12. Area 4
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
IMMEDIATE RESPONSES		
Alternative School	X	X
Citizen Hearing Panels		X
Community Service	X	X
Crisis Beds		X
C-SAFE	X	
Diversion Program/Informal Hearing, CD/EM, Detention Alternatives	X	X
Drug Testing	X	
Drug/Alcohol Education	X	
Drug/Alcohol Treatment	X	
Employment/Job Skills Training	X	
Family Counseling/Preservation	X	X
Family/Group Conferencing/Intervention, Community Conferencing		X
House Arrest		X
Informal Probation Supervision/Informal Supervision	X	X
Law-Related Education Program		X
Life/Social Skills Training	X	X
Mentoring		X
Outpatient Drug Treatment		X
Outreach	X	
Respite		X
Restitution (monetary)	X	X
Teen Courts/Peer Judges, Juvenile Review Board	X	X
Truancy Intervention Program, Prosecution	X	
Victim Awareness		X
Wraparound Services	X	
INTERMEDIATE RESPONSES		
Alternative School	X	
Anger Management		X
Crisis Intervention		X

Table 8.12. Area 4
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
Day/Evening Custody/Treatment	X	X
Drug Court	X	X
Drug Testing/Substance Abuse		X
Drug/Alcohol Education	X	X
Family Counseling/Preservation	X	X
Fire Setting		X
Foster Care		X
Gang Intervention		X
Gender Specific Programs		X
Intensive Supervision Probation (ISP)	X	
Mental Health		X
Mentoring		X
Probation	X	
Probation and Electronic Monitoring	X	X
Psychological Testing	X	
Remedial Education		X
Respite Beds		X
School-Based Probation		X
Sex Offender		X
Shelter Care		X
Transportation/Transportation Services		X
Tutoring		X
Youth Camp	X	
RESIDENTIAL PROGRAMS		
Boot Camp/Experiential Wilderness/Youth Camps		X
Corrections	X	
Drug/Alcohol Education		X
Drug/Alcohol Treatment		X
Employment/Job Skills Training		X
Finan Center	X	
Foster Care	X	X
Group Home/Residential Treatment Facility	X	X
Inpatient Drug and Alcohol Treatment	X	X
Inpatient Mental Health Treatment	X	X
Pregnant Girls	X	
Secure Detention	X	
Sex Offender Residential Treatment Program		X
Shelter Care	X	X
Therapeutic Foster Home	X	
AFTERCARE PROGRAMS		
Alternative Schools	X	
Anger Management		X
Community Services	X	
Crisis Intervention		X
Drug Testing		X
Drug/Alcohol Education		X
Employment/Job Skills Training		X

Table 8.12. Area 4
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
Family Counseling/Preservation	X	X
Halfway House	X	X
Life/Social Skills Training		X
Mentoring	X	
Parole Planning		X
Substance Abuse Outpatient	X	
Supervision Services/Intensive Aftercare Services		X
Supervision Services/Electronic Monitoring	X	
Treatment Services (drug testing) (therapy) (day/night)	X	X
Victim Awareness		X

Area 5 Results: Services and Gaps

Table 8.13. Area 5
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
IMMEDIATE RESPONSES		
Anger Management		X
Citizen Hearing Panels	X	
Community Assessment Center		X
Community Service	X	
Consequence Beds	X	
Counseling	X	
Diversion Program/Informal Hearing, CD/EM, Detention Alternatives	X	X
Drug Counseling	X	
Education Services		X
Employment/Job Skills Training		X
Family/Group Conferencing/Intervention, Community Conferencing	X	X
Gang Intervention		X
Informal Probation Supervision/Informal Supervision	X	
Intake Conferences	X	
Law-Related Education Program	X	
Life/Social Skills Training		X
Mental Health/Referrals	X	
Mentoring		X
Parenting/Family Counseling/ Parent Support Groups		X
Pregnant Teen		X
Remedial Education/Assessments		X
Restitution (monetary)	X	
Substance Abuse Screening	X	

Table 8.13. Area 5
Perceptions of Services Available and Gaps in Services

Services (In alphabetical order, by response type)	Perceived Availability of Service	
	Available	Gap
Summer Camp		X
Teen Courts/Peer Judges, Juvenile Review Board	X	
Victim Awareness	X	
INTERMEDIATE RESPONSES		
Alternative School	X	
Drug Court	X	X
Drug Testing/Substance Abuse		X
Drug/Alcohol Treatment		X
Family Counseling/Preservation	X	
Gender Specific Programs	X	
Intensive Supervision Probation (ISP)	X	
Life/Social Skills Training	X	X
Mobile Crisis Unit	X	
Multisystemic Therapy	X	
Probation	X	
School-Based Probation	X	X
Sex Offender	X	X
Victim Awareness	X	
RESIDENTIAL PROGRAMS		
Boot Camp/Experiential Wilderness/Youth Camps	X	X
Family Advocacy	X	
Foster Care	X	
Group Home/Residential Treatment Facility	X	X
Inpatient Drug and Alcohol Treatment	X	X
Inpatient Mental Health Treatment	X	X
Sex Offender Residential Treatment Program	X	X
Shelter Care	X	X
AFTERCARE PROGRAMS		
Drug Testing	X	
Drug/Alcohol Education	X	
Employment/Job Skills Training	X	X
Family Counseling/Preservation	X	
Fire Setting		X
Halfway House	X	X
Mentoring	X	
Parole Planning	X	X
Sex Offender	X	
Supervision Services/Electronic Monitoring	X	
Supervision Services/Intensive Aftercare Services		X
Transportation Services		X
Treatment Services (drug testing) (therapy) (day/night)	X	X

GRADUATED RESPONSES DISCUSSION

The Department has stressed its desire to provide services to youth while ensuring that their needs are met in the least restrictive setting. Although programs and initiatives exist for youth on informal supervision, probation and aftercare, DJS staff are not equipped with viable response and incentive options. Immediate responses are diversion mechanisms that hold youth accountable for their actions by discouraging behavior and services while avoiding formal court processing. In some cases, owing to the absence of viable response options, youth are being placed in secure confinement. The development of a system of graduated responses and incentives would provide the community justice case managers and juvenile counselors with the options necessary to hold youth accountable and reward youth when appropriate. This system would empower the DJS worker to swiftly address the youth's behavior. Such swiftness would also ensure that the youth associates the response/incentive with his/her behavior thus learning the tools necessary to become a contributing member of society. Lastly, this would increase credibility of the Maryland DJS in that response options are quickly imposed and programming is immediately set in place as opposed to undergoing a lengthy formal case processing time.

Recommendations: It is recommended that DJS develop a system of graduated responses and incentives and supervision alternatives specifically for technical violators of probation rules/court orders and that statutory/court rules be adopted, as necessary, to authorize probation officers to use such responses without court approval or order.

DJS needs to develop and implement a comprehensive system of graduated incentives and responses (especially community-based diversion programs and alternatives to detention). Additional research-based programs should be identified for implementation through the use of evidence-based programming and technical assistance from the Office of Juvenile Justice and Delinquency Prevention.

There is a critical need to expand the residential options available to the State's special needs populations.

Since many of the residential facilities that DJS uses are licensed by other public agencies, DSG also recommends that DJS continually monitor the practices of all its private residential contractors to ensure that they are providing programming and care consistent with the industry's best practices.

It is recommended that a comprehensive inventory of available resources on a locality and areawide basis be undertaken and produced by DJS, and that training be conducted to acquaint all staff from DJS and other interested child-serving agencies with this inventory.